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CLINICAL LECTURES.

A CASE PRESENTING EVIDENCE OF CARDIAC, RENAL, AND HEPATIC DISEASE

WITH THE RETENTION OF EFFETE MATERIALS IN THE BLOOD.

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DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: This man is extremely ill. He has been in the hospital three days. He is a German, 45 years of age, a baker by occupation; married. His family history is good. So far as we can learn he has been pretty healthy until his present attack. He acknowledges to have been a steady and heavy drinker. According to his statement his illness began fourteen weeks ago with swelling of the abdomen, and there evidently was effusion. At the same time anasarca appeared, and continued to spread until it involved the whole body. When admitted, the anasarca was complete, but somewhat less marked in the face than elsewhere. The mind was wandering, and it was impossible to obtain any history but that which I have detailed, and, in fact, there is doubt as to the correctness of these statements. If the man's mental condition were such that we could obtain a full history from him, I have no doubt that we should learn that there had been symptoms of organic disease for a period longer than his replies would indicate. It is clear that the abdominal dropsy would not have made its appearance fourteen weeks ago, except as the result of some preceding organic disease.

As I have said, when admitted there was ascites and anasarca. The heart was very weak, and the pulse small and feeble. The pupils were dilated. The lungs seemed clear. Under the influence of digitalis, the action of the heart became more regular, and it was then possible to make the diagnosis of double mitral disease. The urine was found to be charged with albumen, but we have been unable to find any tube casts.

In view of the condition of the mind, the presence of albuminuria, the existence of dropsy, and the evident and urgent need of relief, he was given a jaborandi sweat. The sweat was copious, and the general condition seemed somewhat improved, but the urine remained scanty, only fourteen ounces in the twenty-four hours being passed on the 10th. The following day he continued restless and delirious, and passed eighteen ounces of urine. Yesterday (the 12th) the jaborandi sweat was repeated. The quantity of urine was fifteen ounces. There were evidences of slight effusion in both pleural cavities. To-day the man is dull, with wandering delirium. The heart is rapid and feeble in its action. During his presence in the hospital there has been no fever. The man's appearance is most wretched. The bloated, puffy face, the sallow skin, the slightly icterode conjunctiva, the decreased sensibility of the reflexes, in fact, the whole appearance of the patient is that of one who for a long time has had organic disease. The pulse is extremely small, ninety-eight in the minute, and regular. As you have heard there are evi-

dences of mitral disease, but owing to the great weakness of the heart, it has been difficult, except on one occasion, to obtain satisfactory results on auscultation. To-day the cardiac sounds are barely audible, and it is impossible to determine the nature of the murmurs which are heard. After the use of digitalis, there was no difficulty in recognizing the mitral murmurs.

On percussion, there is marked resonance over the right chest down to the fifth interspace, where the dulness resulting from the presence of the liver is encountered. Resonance is again noted at the margin of the ribs, where there is marked tympany, showing that the area of liver-dulness is decreased. It should extend at least three-fourths of an inch lower. Over the entire left side of the chest there is resonance in front. The apex beat of the heart can scarcely be detected. It is felt as a mere quaver at the normal position. Deep percussion indicates that the size of the heart is slightly increased. Posteriorly, the lungs are resonant far down, and there is a little effusion on both sides which has increased somewhat since admission.

It is impossible for us to regard the heart affection as the chief source of this man's trouble. Were it so, we should find more marked signs of organic change in the heart. The mitral valves are apparently affected, but the form of the heart is not sufficiently altered to make us regard it as having been for a long time the seat of serious organic disease. The heart lesion undoubtedly plays a part in producing the condition.

Failing to find a satisfactory explanation of the trouble in the condition of the heart, we turn to the kidneys, and here also the evidence is largely of a negative character. The urine is extremely scanty, and the kidneys are undoubtedly intensely congested, but the amount of albumen present is not greater than is often found where there is marked renal congestion. The examinations so far made have failed to reveal the presence of tube casts. In the presence, then, of feeble heart and of condition of circulation leading to congestion and explaining the scanty urine, and in the presence of only a moderate quantity of albumen and no tube casts, we cannot assert that the man has serious organic disease of the kidneys. We cannot explain the condition as one of uræmia from Bright's disease, a condition which it very closely resembles, but the examination of the urine does not altogether confirm this view. The condition of the kidney, as does that of the heart, no doubt plays an important part in the production of this man's symptoms. Where a patient is loaded with his own juices, as is this patient, with the tissues water-logged, and the secretion of urine reduced to fifteen ounces per day, even if there be no disintegration of the kidneys, it is clear that there is retention of effete matters, which is just as serious as though due to organic disease.

Again, we have reason to suspect grave organic disease of the liver. This is justified in the first place by the history of steady drinking. In the second place, if there is anything reliable about the man's account of himself, the dropsy began in the abdomen, and, as you see, it has reached large proportions. After the ascites had become marked, the general anasarca extending over the entire body appeared, affecting the trunk most distinctly. This would indicate that the dropsy was due more to hepatic than to cardiac or renal lesions. In the third place, we have the results of percussion which seem to indicate that the size of the liver is diminished, and that there is a condition of cirrhotic contraction of the liver. This view is, however, not confirmed by the presence of swollen veins over the abdominal walls with reversal of the current. If that were added, there would be no doubt that there was a condition of advanced cirrhosis. Despite this absence, which would indicate that the cirrhosis had not reached its most extreme stage, the history and the results of percussion indicate that cirrhosis is present. In some cases of cirrhosis the separation of the elements of the bile goes on to the end of the case, almost uninterfered with. While the patient has dropsy, he does not have jaundice and the other evidences of the retention of the elements of the bile in the blood, but in other cases the picture is changed, and we find that not only does the interstitial inflammation affect the veins, inducing dropsy by obstructing the circulation, but that it affects the radicles of the bile ducts, interfering with the escape of the bile, causing jaundice. In the present instance there is no jaundice, merely a little icterode condition of the skin. Finally, in some cases, although I confess they are usually cases where jaundice is present, we also find, toward the close of the case, evidences of blood poisoning, indicating that the separation of those numerous

matters which are found in the bile does not occur, and, as a result of their retention, there is a condition of blood poisoning analogous to uræmia. It has been proposed to term this condition cholesteræmia, but I think it undesirable to fix upon a special substance and give a special name in connection with a group of symptoms such as these coming on in the course of disease of the liver. It is not the retention of any single substance, but the retention of all substances, sometimes more of one than of another that gives rise to the symptoms.

We have then in this case a weak heart, probably fatty degeneration, some mitral disease and extremely imperfect circulation and a tendency to cyanosis, as shown by the purple hands and the sluggish capillary circulation. This partly explains the condition of the patient. Secondly, we have a kidney complication, intense congestion, and possibly nephritis. There is scanty secretion of urine, a slight amount of albumen, but as far as examined no tube casts. The condition of the kidneys helps to explain the evident state of blood poisoning and oppression of the nerve centres which is present. In the third place, we have evidences of organic disease of the liver, which aids still further in explaining the condition present. The obstruction of the portal circulation would lead to ascites, and be followed by anasarca and the retention in the blood of effete matters which should be eliminated in the bile.

In all these cases we have also to consider whether or not there has been, in addition to these changes, organic disease of the nerve centres; whether or not there is intra-cranial effusion or sub-acute meningitis, which would go far to explain the symptoms present in this case. Such lesions are not usually present. Here there is quite enough in the changes to which I have called attention to explain the condition present without assuming the existence of intra-cranial disease. Still we cannot help seeing that with the state of the circulation and the general anasarca, a certain amount of œdema of the sub-arachnoid space and effusion into the lateral ventricles of the brain might readily occur, and that we might have complicating the case a tendency to increased stupor and evidences of more or less intra-cranial passive serous effusion. Before the discovery, by Bright, of albuminuria and of the poisonous effect upon the blood resulting from the retention of effete matters, and the development of uræmia, these cases were regarded as due to cerebral effusion, serous apoplexy, and chronic hydrocephalus. At the present time, the tendency is rather in the opposite direction. The better knowledge we have of the results of poisoning of the blood from the retention of effete materials, rather leads us to explain such conditions as being merely the result of blood poisoning, without remembering that in such cases there is organic change within the brain. I think it not improbable that we should in this case find passive effusion within the cranium. So, too, in these low states of the system, thrombosis of the cerebral sinuses may occur with such extreme collateral venous congestion as will induce marked symptoms of cerebral oppression.

Finally, where we have albuminuria and blood poisoning and a disposition to a low grade of irritative action throughout the body, slow meningitis may set in. It would not be at all surprising to me to find in connection with the changes which I have described lesions within the cranium.

Assistance in the diagnosis in these cases is sometimes afforded by the opthalmoscope. The examination has not been made in this case as yet, but it will be done. If there were Bright's disease, we should expect to find albuminuric retinitis, with patches and white tracts in the course of the vessels and possibly changes in the optic nerve. If lesions were found it would be necessary to decide whether they were dependent upon the existence of Bright's disease or whether they were due to descending neuritis from meningitis. In the latter case, the lesions would be chiefly connected with the optic nerve and its sheath. There would be cloudy swelling of the disc, engorgement of the venous trunks over the retina, and a contracted state of the arteries without patches of albuminous effusion so characteristic of albuminuric retinitis.

Now as to the prognosis. This appears to be utterly bad, I cannot think that the man will live long. I believe that for a long time he has been the victim of organic changes, the heart, kidneys, and liver certainly suffering. I think that our remedies will fail to prove of service. The circulation is so poor that there is no encouragement to produce more sweating. He has received two jaborandi sweats, and each time has sunk into a deeper condition of

stupor although getting rid of a large amount of the effusion. The secretion of urine has been increased very slightly by this measure. Does the condition demand paracentesis? I hardly feel that it does. His present condition certainly is not dependent upon interference with the action of the lungs and heart from large ascites. I should prefer to first try the effect of digitalis, calomel, and squill, giving one grain of digitalis, half a grain of calomel, and one grain of squill every three hours until the bowels are acted upon. If this does not produce secretion, some of the liquid may be drawn off.

OXYGEN IN THERAPEUTICS.

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(Concluded from March number.)

M. CREQUIG, in 1880, reported that he used with success in a case of laudanum poisoning, in a child four months old, inhalations of oxygen. The child had swallowed a large coffeespoonful of the drug. The improvement was rapid, but seemed to cease as the inhalations were abandoned. The cure was completed at the end of twenty-four hours. He adds, treatment must be kept up after apparent restoration, else the toxic symptoms may return.

Dr. S. Abrahams reports a case of a young man asphyxiated by chloroform, who became pulseless, and all hopes of his resuscitation abandoned, after all the usual remedies had been tried, but who was saved by the inhalation of undiluted oxygen.

Croup.—As early as 1794 oxygen had been employed in croup. Bretonneau reported to the Parisian Academy of Medicine, in 1821, good effects in a case of croup. A number of reports are to the effect that the gas is indicated in the suffocating paroxysms of croup, to guard the patient from the consequences of such attacks, which frequently prove fatal, and to place him in such a position as to enable us to apply other remedies, having in such measure the same effect as tracheotomy.

Dr. Pepper says of oxygen in croup: "The inhalation of oxygen has proven rather advantageous in my hands in a few instances." A case in point was dyspnœa, cyanosis, and convulsions, produced by the invasion of the bronchi with the pseudo-membranous process. He says, "Whenever a current of oxygen was introduced into the lungs through the canula, both cyanosis and convulsions would cease, and return when its supply was stopped."

Oxygen in croup has been also recommended by Dr. Herman Biegel, of England, and by Dr. Miguel, of France.

Cholera.—Dr. Smythers used oxygen in this disease with success in the epidemic of 1832. Favorable reports are also given in the Madras army from 1828 to 1844; in India, 1850; in London, 1853; and by Schnarz in 1831. Fay, in Poland, 1831.

Diabetes.—Demarquay, Bouchardat, and Simonsin have seen marked diminution in the amount of sugar excreted under oxygen treatment.

Hydrophobia.—In the Medical and Surgical Reporter for December 10, 1876, is a translation from a German medical journal of a case of hydrophobia, on the authority of Schmidt and Lebeden, in which the inhalation of three cubic feet of oxygen produced immediate amelioration of the symptoms, and within two and a half hours apparently restored her to her former condition of health. The next day a more severe attack occurred, but was again relieved in forty-five minutes by the inhalation of oxygen. Slight symptoms were thus treated for ten days. The final result was complete recovery.

Local Use.—Ringer says: "This gas is useful as a local application to atonic, painful sores, but produces no effect on healthy sores. In senile gangrene, administered as a gaseous bath, for an hour or longer at a time, and repeated six or eight times a day, it is said to be of the greatest use. The livid red changes to a rose color, warmth returns to the tissues, sensation is restored, pain mitigated, and the disease is checked and even sometimes cured."

Dr. R. H. Goolden, Lancet, October 29, 1879, reports a case of phagedenic ulceration of the pharynx treated by oxygen inhalations with rapid improvement. In the same journal, January, 1880, the Doctor reports favorably of the direct application of oxygen to ulcerating surfaces.

Demarquay says when oxygen is placed in contact with suppurating wounds the discharge lessens and becomes thinner, and granulations quickly spring up.

Eclampsia.—Dr. Holstein, in the Gazette Médicale de Paris, asserts that oxygen has marked power in enfeebling or inhibiting exaggerated reflexes.

Professor Lashkevitch, of St. Petersburg, reiterates this assertion, and at his suggestion, Dr. Favr, of Kharkov (reported in Vratch, November 13, 1885), resorted to oxygen inhalations in two cases of puerperal eclampsia, and his efforts were followed by prompt and brilliant results.

Cough and vomiting of reflex origin have been promptly arrested by inhalation of oxygen with an admixture of nitrogen monoxide.

Eczema.—Dr. Wallian reports the following: Mrs. W. M. A—, æt. 55. An extremely severe case of chronic eczema, complicated with hay-fever and an undoubted specific taint. The true nature of the case having been disguised in the beginning, treatment was undertaken and pressed for six weeks, when only moderate benefit being apparent, beyond the relief of the hay-fever and accompanying indigestion, further treatment was refused, the patient being advised to go to the Hot Springs of Arkansas.

Dyspepsia.—Dr. Wallian, of New York, reports the following: Mrs. H. A. E—, æt. 30. Case of unusually severe chronic constipation of ten years' standing. Family history shows phthisis, which has been both predicted and feared. Result of six weeks' treatment, marked general benefit, which continues to date.

Dr. A. M—, æt. 55. Came to me suffering from aggravated dyspepsia, with persistent constipation and distressing insomnia. Weight, one hundred and thirty pounds. Has had inflammatory rheumatism, and one sister died of phthisis. Was placed on active oxygen treatment with nourishing diet—no drugs whatever—and in three weeks gained five pounds in weight, and had an excellent appetite. Constipation relieved and digestion good. Sleeps soundly, and has climbed to the summit of a neighboring mountain, nearly five thousand feet above the sea-level. Is to continue the treatment at home.

Dr. K. J—, æt. 40. Has been a chronic sufferer from indigestion and "neurasthenia." In one month the indigestion is a thing of the past. He eats the miscellaneous fare of a well-kept hotel with impunity. Has gained five pounds in weight, and says he feels "rested," and much stronger. Can hunt, fish, and climb mountains without great fatigue. Says he feels physically "renovated," and returns to his practice with zest.

S. C. H—, æt. 37; married; suffering from distressing dyspepsia, insomnia, and decline of virile power. After four weeks of active, but somewhat interrupted treatment, he declares himself a "new man." Was able to sleep soundly all night for the first time in two months after a single treatment—six inspirations. Now sleeps, eats, and digests well, and asserts that his virile powers are all that he could desire! In respect to this latter result, it was a surprise to me, but I have since noted the same revival in a very marked manner in a number of additional cases. The treatment has proved a prompt restorative to this function in every case since observed, in which loss of sexual appetite and power, in either sex, had been a marked feature.

S. A. C—, merchant, æt. 59. Case of chronic rheumatism, severe dyspepsia, and slowly progressive locomotor ataxia. Oxygen treatment undertaken by means of a portable rubber bag, patient being confined to his bed, and completely helpless. Result of six weeks' treatment, gradual amelioration of all the symptoms. Locomotion became possible by the aid of a cane, and so remains at this writing.

Mrs. S. A. M—, æt. 26. Disease: severe, chronic, gastric catarrh. Complete recovery, and a gain of fifteen pounds in body-weight in six weeks.

In the severer forms of the indigestions the results have been scarcely less brilliant. Scanty or suppressed secretions are gradually restored, absorption and assimilation resume normal activity, and the functions of depuration and defecation, long deranged, obstructed, or interrupted, are surely, normally, and, in a medical sense, permanently restored.

It may be asserted, in general, on rational as well as experimental grounds, in connection with this treatment, that those chronic cases show most marked and striking results which are selected from the great army of house-prisoners, "delicate" people who, from necessity, habit, preoccupation, or negligence, have been long deprived of wholesome air and everything like active out-door life; or who have long suffered from miasmatic location, sedentary occupations or unsanitary surroundings; or from those who have been too tenderly reared—overcoddled (and this virtually includes every close resident of a populous city). To these may be added the phlegmatic, the "lymph albuminous," and the lazy—of whom every community shows numerous examples—patients with

sluggish circulation, small respiratory apparatus, torpid or enlarged livers, fatty heart or kidneys, and with habitually retarded excretory functions generally—WALLIAN.

Trousseau and Oxygen Inhalation.—You have seen in our clinical wards the successful results of this treatment, results which have not astonished you less than they have astonished me.

The results were as remarkable when looked at from a therapeutic point of view, as they were physiologically unexpected and paradoxical.

The woman, whose case I am now going to describe, was admitted on the 1st of April, 1864, and is now a patient, occupying bed No. 7, St. Bernard Ward. She is twenty-two years of age. She has been, like the other woman whose case I have just described, recently confined; like her, also, she was anæmic, and exhausted by lactation. Her face was exactly like that of a dead person. The first step in the treatment was to separate the child from the mother. There was, however, no improvement between the first and 14th of April, that is to say, during the first fourteen days in which she did not give suck. On the contrary, there was a continuance of the fever; the pulse ranged between 120° and 130° Fahr.; the skin was dry and hot, and the debility went on increasing. So great was this debility, that the patient could not sit up in bed without fainting, and on this account auscultation was almost impossible.

Nevertheless, it was ascertained with certainty that the lungs were healthy. As there was no tubercular disease, as tonics and ferruginous remedies had failed, and as there was complete anorexia, I resolved to try the effects of inhaling oxygen, with a view to restore appetite and promote digestion. The patient commenced this new treatment upon the 14th, but was so weak that after the second inspiration of this gas she became insensible from the effort made in inhalation. However, I recommended her to persist, and to inhale during the day, at intervals, a quantity amounting to five or six litres. For three days she inhaled much less than that quantity, and during that period the amelioration was not very perceptible. But from the 19th the patient could sit up in bed with impunity, and could eat a little. The pulse was not more than 104 in the minute. On the 21st, she was able to leave her bed for an hour. She asked for food, particularly for vegetables. The pulse was not more than ninety-two. The skin was cool. Upon the 24th, the pulse was eighty. On that day the patient went down into the garden and ate voraciously. To-day, April 30th, and for the four preceding days, the pulse has ranged between seventy-two and eighty. The young woman feels herself so well that she wishes to leave the hospital. I have, however, asked her to remain, telling her that her cure is not yet complete. In fact, she still continues pale, and the fibre has evidently regained its tonicity to a greater extent than the blood has regained its normal constitution.

One strange and unexpected phenomenon which accompanies the inspiration of oxygen is the production within the chest of an agreeable sensation of coolness by each inspiration of the gas. The pulse being eighty-four on the 30th of April, when the patient began to inhale the ten litres of gas, had fallen to seventy-six by the time the inhalation was completed, and remained at that point during the remainder of the hospital visit. The pulse becomes thready after three inspirations of oxygen, and so continues for two or three minutes of the duration of the operation. These facts prove—were proof required—that hæmatosis is not accomplished in the lungs, but in the general capillaries—that during the inspiratory act there is a simple exchange of gas in the organs called the organs of hæmatosis, and that, finally, the oxygen acts almost immediately upon the vaso-motor nervous system producing contraction of the vessels.

How shall oxygen be administered?

1st. Direct inhalation will probably always stand at the head of all methods.

2d. Cutaneous absorption has been resorted to in Europe, and may be found advantageous in certain cases.

3d. Oxygenated water is a feasible and pleasant medium for stomachal administration. It is prepared by saturating steam with the gas, at high pressure, and afterward condensing the steam.

M. Brochin reported some experiments made by MM. Paul Bert and Becquard at a recent meeting of the Société de Médicine Pratique (British Medical Journal). Oxygenated water was used with great success in the treatment of purulent cystitis, ozæna, and ringworm; also internally in uremia and diabetes.—C. C. V.

4th. Oxygenated bread has been used to some extent in England, and there is no reason why the "aërated bread" of our cities should not be easily transformed into oxygenated bread at will.

Of this bread Dr. Birch says: "Its relative effect on the appetite is singular. Thus on the one hand (as might be expected) it stimulates the appetite when absent or capricious, while, on the other hand, it tends to produce such a feeling of epigastric fulness, when sufficient food has been taken, as to effectually suspend (if not satisfy) some morbidly craving appetites. . . .

"In some cases it will be found advantageously to supersede artificial pepsin, pancreatin, and even quinine and the mineral acids. . . . . It is particularly indicated in cases of delicate children with continually recurring ascarides, functional derangement of the stomach and bowels, and mesenteric weakness."

In the matter of proportions and combinations, and as respects the quantity to be exhibited in a given case, there is a wide latitude for the exercise of professional discretion, as in the compounding and selection of ordinary drugs.—Dr. Wallian.

Time and Frequency of Administration.—Except in emergencies, the treatment should not be given either on an empty stomach or after a prolonged fast. In a majority of cases the mid-meal hours between breakfast and dinner are most favorable. It is well to avoid giving any active treatment within an hour of any principal meal, or at any time when there is present an unusual degree of fatigue. Mere weakness or nervous prostration do not, however, contra-indicate, but are usually relieved by oxygen.

As a rule, in ordinary chronic cases one treatment per diem is all that is advisable; in many cases it is all that is allowable. This should be carefully borne in mind by the inexperienced, since it is quite easy, and I had almost said natural, in the anxiety of both physician and patient to see palpable signs of immediate improvement to overdo in the matter of dosage.

Dosage and Intervals.—When feasible, let the patient stand erect, throwing the shoulders well back and as thoroughly as possible expelling the residual air from the lungs before inspiring the gas; then with a steady effort slowly inspire from the mouth-piece until the lungs are as full as can be readily filled. Let the inspired gas be retained as long as convenient without discomfort, then slowly and deliberately expired. There should be an interval of from five to twenty minutes, according to the nature of the case, before a second inspiration is given, and during this interval the patient may walk about, sit or recline, as he seems most inclined. It is well to hold the nose while inspiring.

In ordinary non-critical cases, accompanied with venous stasis and general functional torpidity, from four to ten inspirations, comprehending two to six gallons, may be given at each daily *séance;* but this limit should seldom be exceeded. Some cases will present in which two full inspirations will be all that should be exhibited during the twenty-four hours. In this regard the practitioner must be constantly on the alert, and must use the most careful discretion.

A systematic record should be kept of each case treated, beginning with a summarized history, a thorough physical examination, an examination of the urine, noting pulse- and respiration-rates, capacity of lungs, etc. The quantity per diem and specific gravity of the urine, as observed at stated intervals; daily, in critical or important cases, and at least weekly in all during treatment, will furnish suggestive data from which to regulate the quality and quantity of gas to be exhibited.

In acute cases, as of asphyxia from any cause, alarming dyspnœa, cyanosis, suspended animation, narcosis, severe paroxysms of asthma, etc., no definite rules can be formulated. The indications must be gathered in each instance from the nature and progress of the case, and the judgment of the practitioner must in all cases supersede all rules.

In cyanosis and asphyxia there is little danger of pushing the treatment too rapidly or too far, short of positively relieving the patient. The immediate demand is for oxygen, and it may be given, freely and constantly, until the imminent crisis has been passed and the urgent symptoms are relieved.—Wallian.

The adjuvant treatment should be in accordance with the exigencies of each case. The diet should be abundant and varied. By reason of the action of oxygen to accelerate molecular change, a liberal supply of fresh material is imperative. Warm bathing, massage, and in

torpid states of the digestive organs, hot water drinking are useful adjuvants. Morbid products are set free by the treatment, and these should be washed away.

ORIGINAL COMMUNICATIONS.

THE PRINCIPLES OF HEALTHY CLOTHING.

BY ALFRED S. GUBB, L.R.C.P., M.R.C.S.
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THE choice of materials for clothing has been dependent, hitherto, far more on the facilities which they offer for manufacture, or self-decoration, than on any preconceived idea of their suitability, although here, as elsewhere, we find, on examination, that the consensus of opinion of succeeding generations, generally leads in the right direction. The best method, therefore, of arriving at the truth is to reason backwards, and to endeavor to ascertain why certain materials have invariably been chosen, under certain circumstances, as clothing material, and this may enable us to understand the laws which underlie this apparent hazard in the matter of choice. The value of clothing consists, as we all know, in promoting the maintenance of our bodies at an equable temperature, and in shielding the surface from the effect of sudden and violent changes in the temperature of the surrounding atmosphere. Now the value of any particular substance as an article of clothing is in inverse proportion to its capacity as a conductor of heat. But this is not the only quality to be considered in the selection of such materials, for while we wish to protect our bodies from undue loss of heat by radiation, we have to provide or allow for ventilation, and the escape of watery vapor and gases, and here the materials vary within wide limits. It should be borne in mind that radiation takes place, not only in proportion to the relatively low temperature of the ambient air, but also, and more markedly, towards bodies which are possessed of a lower temperature than ourselves.

A great factor in protecting our bodies from thermometric changes, lies in the different strata of air which intervene between the different layers or garments, and permeate the fabrics themselves.

It is to this that we owe the extreme warmth of such substances as eider-down, or furs, or plumage of any sort, the interstices of each being filled with air, which is, in itself, a bad conductor of heat. Many experiments have been made since those first conducted by Rumford, in 1736, to determine the delays which occurred in the cooling of a thermometer heated to a certain degree, when enveloped in hemp, flax, cotton, silk, and wool respectively. Since this observer, Senebier and Bœckmann have both recorded numerous experiments with a similar object in view. Black flannel was found to allow of the absorption and dispersion of heat more rapidly than lighter shades, but it is difficult to say how much of this is attributable to the difference in the texture from the chemical changes involved in dyeing. In any case, the differences found to exist between textures of various hues, are only appreciable as regards solar heat, obscure heat not exhibiting the same preferences. In some more recent investigations, by Pettenkofer, on a cylinder of sheet-iron filled with hot water, and enveloped successively in different textures, the variations only represented some one or two per cent., and this irrespective of color, but when the cylinder was exposed to the rays of the sun, the absorption of heat varied between linen and silk as much as 90 to 108. The effect of color was even more striking, and was as follows: white, 100; yellow, 140; green, 160; red, 168; blue (light), 198; black, 208. The figures readily explain why a black garment is unsuitable to wear in the sun. It is worthy of note that, on enveloping the cylinders with a double layer of satin, cotton, or fine linen, the loss was only diminished by some two to six per cent., whereas, with chamois leather, flannel, or woolen cloths, the diminution amounted to from twenty to thirty per cent. The inference is evident, viz., that the resistance to the passage of heat depends less upon the individual conductivity of the textile fibres than upon the thickness, the volume, and the texture of the materials. The conductivity of wadding, for instance, increases some forty per cent. when strongly compressed. Although the radiation which goes on is not notably diminished by doubling the thickness of the investing texture, if it be tightly drawn round the cylinder, it is quite otherwise if an air space is allowed to intervene between the two layers. With such an interspace, of only one-third of an inch, the radiation is dimin-

ished (exclusive of the diminution due to the layers themselves) to the extent of some thirty-five per cent. This, however, is based on the assumption that the intervening column of air is motionless, but as loose garments tend to favor the circulation of the air, they are, notwithstanding this fact, preferred in hot climates. The essential point, indeed, is, that the greatest obstacle to the dissemination of heat is found in a discontinuity or want of homogeneity, in its elements. Heat, like sound, is but a form of molecular vibrations, and is governed by the same laws. Then, again, the permeability of the various textures to air, is a point of capital importance, and this varies from one in glazed kid to one hundred in flannel. It is essential that our garments should allow of such ventilation, but it is also necessary that this should not take place so rapidly as to affect the sensory elements of the skin, hence the more slowly it takes place, the more conducive is it to our health and comfort.

Another important property of textile fabrics is their capacity of absorbing and retaining moisture; the nearer the air is to its saturation point, the more moisture do they absorb, owing to diminished evaporation. This is accentuated when the temperature, from any cause, falls. The water contained in textures may be divided into two categories, one part not appreciable to the touch and which cannot be squeezed out; the hygrometric water, properly so called; and a second part which blocks the pores, and which may be expelled by compression, the interposed water. According to the experiments of Mr. Coulvier, wool is more hygroscopic than hemp, and linen than cotton. The quantity of water that these textures can absorb is much greater than is generally supposed. A woolen garment weighing ten to twelve pounds will take up about a quart of water, to evaporate which, completely, will withdraw from the body from 500 to 600 units of heat. More moisture is absorbed at a low temperature than when it approaches 70° Fahr., further, since wet garments are better conductors of heat than dry ones, they protect us far less efficiently against the cold, hence the danger to health of damp and cold combined. This effect, however, is less marked in the case of woolen textures than in those of cotton, silk, and wool, and this is probably owing to the fact that, while the fibres of the latter all become softened on contact with water, and so allow the pores of the tissue to become blocked, the fibres of wool, in virtue of their native elasticity, tend to keep the pores open, and so favor evaporation, while the air contained in the pores checks, to some extent, undue radiation.

It has been remarked that vegetable fibre is less suited to purposes of clothing than substances which are of their very nature destined for this purpose. Take the fibres of flax or hemp for example; they form an integral part of the plant, and are not called upon to possess any isolating or protective properties against cold. Now as to cotton, this indeed serves to envelop the seed of a plant, and is, therefore, to some extent protective; but silk, wool, eider down, and fur are, *par excellence*, the materials furnished by nature for the express purpose of protection.

As to the shapes of our garments, they are now probably definitive in all essential particulars. Ladies' dress doubtless calls for reform, reasons of taste and æsthetics dominating too largely in their choice, both of texture and of shape. One is apt to call to mind the profound and amusing speculations of Darwin, on contemplating the rich plumage and often cumbersome ornamentations by means of which animals are enabled to place themselves in evidence, and so unconsciously aid in the designs of nature in the matters of natural selection.

TEREBENE.

BY ALFRED S. GUBB, L.R.C.P., M.R.C.S., LONDON.

THIS substance has lately been employed by Dr. William Murrell, of London, in the treatment of winter cough, and he published a series of one hundred and fourteen cases, in which great benefit had been derived from its use. Expectoration is facilitated, and the shortness of breath is relieved. It is a colorless fluid, with a faint terebinthinate odor, which is by no means disagreeable. The remedy may be inhaled as a vapor with the ordinary "respirator," or it may be atomized by means of one of the pulverizateurs, several forms of which are in use, and the fine spray so produced inspired by the patient. For internal administration by the mouth, it may be given as an emulsion with gum tragacanth. Another, and possibly a preferable manner, is to give it dropped on

a lump of sugar, and this method has the advantage of being small in bulk and easily carried about by the patient, so as to allow of its being repeated as often as may be thought advisable. It is best to begin with five or six drops on sugar, every four hours, and gradually to increase this dose to twenty minims. This is, for most people, the maximum quantity, but the drug, Dr. Murrell says, has little or no toxic action, and considerably larger doses have been taken without the production of any untoward symptoms.

Chemically, terebene, C_{10} H_{16}, is derived from oil of turpentine, either by the action of one part of concentrated sulphuric acid on twenty of the oil, and subsequent distillation, or by one of the other processes known to chemists. When terebene is submitted to the action of dry hydrochloric acid gas, a white crystalline mass results, the hydrochlorate of terebene, commonly known as turpentine camphor, or terpine, which resembles ordinary camphor, and has also been employed in the treatment of the same class of complaints as terebene.

Some difficulty was experienced in obtaining an adequate supply of the pure drug when first brought forward, and attempts were made to pass off one or more patent preparations on the public as the only pure terebene, but it is to be hoped without much success.

HOSPITAL REPORTS.

CHARING CROSS HOSPITAL.

UNDER MR. J. ASTLEY BLOXAM, F.R.C.S.

Necrosis of Tibia; Sponge Grafting.—Michael B—, æt. 24, laborer, was thrown from a horse six years ago, falling on his hands and striking his knee against a sharp stone, causing a bruise with pain. This was followed by swelling of the leg, extending from a little above the knee to half way down the leg. He was told that he had a dislocation of the patella, and was treated for this during six months, when the swelling went away and he felt all right except for a sharp, throbbing pain which he had at intervals. Twelve months ago he had a swelling, with great pain, over the site of his present sore, into which an incision was made, giving exit to a quantity of pus. As he did not get any better, he was advised to come to London. When admitted, on September 4th, a sinus was found 1¼ inches deep and ½ inch in diameter, on the inner side of the tibia, below the level of the tuberosity. The walls of the sinus were covered with granulations. No disease of bone detected. Some thickening of the tibia on the inner aspect. Good personal and family history. Drainage tube was inserted, and the wound dressed with iodoform. On the 9th he complained of headache and pain in leg. A smaller drainage tube was substituted for the other. 12th—A piece of sponge, carefully prepared and desilicated, was cut to the exact size and inserted into the sinus. 16th—Patient is progressing favorably. There is slight pain over the inner tibial tuberosity and some discharge oozes through the sponge. October 9th—The pain on the inner side of the wound has been more severe and of a lancinating character the last two days, and there is pain at the back of the knee. No appearance of granulations in the sponge. 12th—Pain is less to-day; wound is dressed daily. 17th—A little discharge to-day just above the wound. No granulations have appeared in the sponge as yet. 20th—The wound continues to discharge a little, it is dressed daily with boracic lint. Patient has not complained so much of pain, for the last few days, except just above the wound. 24th—Pain less than last week. No appearance of granulations in sponge. November 3d—No granulations in sponge. Patient discharged, to attend twice a week.

Epithelioma of Tongue; Removal; Septic Pneumonia; Death.—Fred. P—, æt. 49, fishmonger, applied, on July 15th, with a hard nodulated mass on the left side of the tongue, which appeared to be bound down. The glands in the sub-maxillary region are enlarged. Patient suffers great pain from the passage of food, and had much difficulty in getting it past that part of the tongue. The quantity of saliva secreted is greater than usual. He had gonorrhœa, when young, but not badly. This was accompanied by enlarged glands, which did not suppurate. Has never had any sores on the penis or rash. Three months ago he noticed that his tongue was rather sore, and that he could only extrude it with difficulty. This increased, and as it did not subside, under treatment, he came to the hospital. On July 20th, Mr. Bloxam decided to operate. He began by tying the lingual artery on the affected

side, and then removed the diseased half of the tongue by cutting through the median line with scissors and crushing through the base with the écraseur. There was not much hemorrhage. The sub-maxillary gland was removed at the same time. Patient had a disturbed night, notwithstanding ♏xxx of tinct. opii. 22d—Patient was fed with an œsophageal tube, owing to the difficulty he had in swallowing food. His throat was mopped out every hour with a sponge. Later in the day the breathing became embarrassed with a troublesome cough. Slight elevation of temperature. 23d—Patient seemed a little brighter in the morning. He was unable to take food in the usual way. He was ordered an enema, which cleared out the bowels, to be followed by an nutrient enemata every four hours, with four ounces of Port-wine. Marked dulness at base of right lung. 24th—Patient is much weaker. Dulness at base of lung increased. Respiration 38. Pulse 128. He sank and died at 1.46 A.M.

Case of Chronic Strumous Disease of the Knee-joint; Amputation; Recovery.—William T—, æt. 16, errand boy, was admitted on January 7th for disease of the right knee, which was much swollen, and discharged pus from the site of an old incision on the inner side of the joint. Patient was in the hospital a year ago for the same cause, when a large quantity of pus was evacuated by means of free incisions on the inner and outer side of the joint. He apparently recovered, after a stay of some months in the hospital, and resumed his occupation of errand boy for some time without any untoward result. Early in the present month he noticed a swelling on the inner side of the joint, where one of the incisions had been previously made. Patient's general health is poor and he is thin and pale, but there is no evidence of phthisis. His father died of "bronchitis," but the rest of the family are alive and well. There is no albumen in the urine, but he sweats a good deal at night. Patient was put on a liberal diet and tonics, and the limb was put on a McIntyre's splint. He passes restless nights and complains of a good deal of pain. His evening temperature averages 103.2° Fahr.

As several fresh openings formed, and the joint appeared thoroughly disorganized, on February 24th Mr. Bloxam removed the leg above the knee (patient being under ether) by a combination of the flap and circular methods. Both the flaps were taken from the skin and the bone and muscles divided circularly about a hand's-breadth above the knee. After division there was great retraction of the soft parts about the bone, and the periosteum was accordingly reflected and another inch of the bone removed. The vessels being ligatured, the flaps were stitched together and the wound dressed antiseptically. On examination of the limb it was found that the seat of the disease was in the synovial membrane, which was greatly thickened and infiltrated with pus. The bony surfaces were comparatively healthy. 25th—Patient was unable to pass his urine, and five or six ounces were drawn off by means of a catheter. Temperature 100° Fahr. March 4th—Stump looks well, but owing to retraction of soft parts, the bone is pressing against the anterior flap and some of the sutures have parted. The flaps were brought together with isinglass plaster and the wound dressed. The boy's general condition is much improved. He has gained in weight, and his temperature is normal. The stump was completely healed by April 12th, and on the 20th patient was able to leave the hospital.

Case of Coccydynia; Operation.—Emma C—, æt. 21, domestic, fell down stairs about fourteen months ago, but says she felt no inconvenience for two or three months, when she noticed a hard lump forming in the coccygeal region, which rendered her unable to sit down. Patient had an abscess in the right gluteal region, about a year since, but it soon healed up. On examination *per rectum*, the coccyx seemed rather thrust forward, movable and very painful, but the last was the only really noticeable symptom. Patient says she has pain sometimes on passing; a motion of a throbbing and shooting character. She was ordered glycerine and belladonna, to be rubbed over the painful site twice a day, and this afforded her a good deal of relief for a time. As the pain did not, however, disappear, she was put under ether, on February 1st, and the structures around the coccyx were divided by Mr. Bloxam.

The patient felt weak after the operation, but as soon as the effect had passed off, she said she felt much better. The old throbbing pain had gone, and there only remained a little pain at the seat of the operation. The incision was dressed the following day and touched with nitrate of silver. 23d—A small fissure was discovered at the orifice of the anus, which was

touched with nitrate of silver. March 3d—Pain almost gone; patient was discharged to a convalescent home.

Suppuration in Antrum from Carious Teeth.—Amelia B—, æt. 22, dressmaker, complained of a swelling over the right superior maxillary bone. It does not infringe on the orbit or nose. Patient appears to have had a small abscess in the same situation when fourteen years of age, which left some induration after it. This remained stationary until about six months ago, when it began to increase in size. The present swelling is smaller than it was some time since, when, as she says, it seemed to push the eyeball back. On looking into the mouth, the two upper bicuspids on the right side were found to be much decayed. Patient says she has never had any discharge into the mouth or nose, but last Sunday, for the first time, a little blood welled up into the inner canthus of the right eye. The following day Mr. Bloxam examined the patient, under chloroform, and found that the tumor was connected with the antrum. The carious teeth were removed and about an ounce of watery pus drained away. The antrum was washed out by injecting a weak solution of permanganate of potash, and this was continued for a day or two. The swelling disappeared, and patient left the hospital, cured, on the eighth day after admission.

Bulbous Nerve Ends in Old Stump of Leg.—Alice D—, æt. 23, seamstress, was sent to the hospital to be treated for a painful stump, left after removal of the leg sixteen months ago on account of gangrene following a wound of the big toe. It is a very good stump, a little red at the margin of the cicatrix but no sinuses are present. There are two painful spots on the anterior flap. Mr. Whitehead dissected down on the anterior seat of pain under antiseptic precautions, and cut away a piece of tissue which comprised a nerve bulb of some size. The edges of the incision were brought together by strapping, and dressed with red lotion. Patient says she has no longer any pain in the stump, but complains of pain in her right leg. The wound suppurated a little but eventually healed up and patient left the hospital relieved.

Perimetritis followed by Suppuration.—Rose C—, æt. 18, buttonmaker, admitted April 5th. Patient says that as a child she was subject to attacks of pain in the side and spasms. Last July the pain became more marked and persistent and a lump formed in the groin, which was poulticed and suppurated. It closed after a time but had to be reopened. Patient menstruates regularly, but has suffered for years from dysmenorrhœa, with pain of a bearing-down character. She has noticed that when the discharge from the wound ceases, she gets leucorrhœa. She has no pain on moving the hip, nor on tapping the foot, and walking is not much interfered with. Patient is pale and delicate looking. There is no pain in the back or other indication of any affection of the vertebræ. She starts a good deal during sleep and perspires abundantly at night. On examining the wound in the groin, a sinus was found at about the middle of Poupart's ligament which may be traced for a considerable distance backwards. Temperature 103° Fahr. Pulse 130. April 11th—Patient was examined by Dr. Black, who found traces of perimetritis with adhesion of uterus and left ovary. 26th—Patient seems better, the depth of the wound is decreasing and the discharge is slight. She still complains of a burning pain in left groin. 29th—On probing wound with a portion of catheter a considerable quantity of grumous pus escaped. May 2d—Patient complains of much pain, extending to the iliac region, which prevents her sleeping. A piece of drainage tube, five inches long, with thread, which was placed in the wound, unaccountably disappeared, and is supposed to be in the wound. 8th—The drainage tube has been left out of the wound for three days and it has healed over. There are, however, indications of accumulation of pus, and patient says she has a great deal of pain on micturition and defecation. The temperature oscillates between 98°–102° Fahr. The tongue is coated and the skin is dry. She has not menstruated since admission (a month), though previously she did so every two or three weeks. On probing the wound a large quantity of greenish pus escaped. 11th—Patient was placed under chloroform and digital exploration was made of the wound. The sinus could be traced in an upward direction towards spinal column, and a large quantity of pus was evacuated. No abnormal growth was discovered, nor was the missing tube found. A large size drainage tube was inserted and poultices constantly applied. 19th—The discharge is free, but patient says she is comparatively free from pain and on the

whole much better. She is on a liberal diet, with five ounces of wine daily. 26th—The abdomen, on the left side, feels tense and somewhat hard and is painful on pressure. August 1st—The patient's condition has remained about the same. She has been allowed to get up for a few hours daily, and takes her food pretty well. September—Patient has gained in flesh and is much better; very little pain or discharge now. She was discharged to a convalescent home in October.

Urinary Fistula and Cellulitis of Scrotum.—Henry B—, æt. 48, domestic, was admitted in November, 1879, under Mr. Barwell, for stricture of the urethra, and was treated by rapid dilatation, leaving the hospital, much relieved, three months later. He had a chancre twenty years ago, and gonorrhœa since. He then went abroad, where he was again troubled by retention of urine. In October, 1880, he first noticed a hard swelling in the perineum, which he described as very painful. It rapidly increased in size, and in December of the same year he applied at a hospital for relief. He was given an ointment, but it did not get any better, and on January 7, 1881, he was admitted as an in-patient. He was then told that it was an abscess, and was ordered warm hip baths and poultices. On the fifth day after admission it burst, and there resulted two patulous openings which could not be induced to heal. The two were converted into one with the knife, in the hope of getting them to close. Eleven days ago his scrotum began to swell, and, being very painful, he was sent over to London to be treated. When admitted, on March 19th, the whole scrotum was enormously swollen, tense, and œdematous. The edges of the wound were indurated and everted. There was no distention of the bladder nor swelling of the parts beyond the abdominal rings. Temperature high, pulse rapid, tongue glazed. The parts were punctured with a needle, and ordered to be poulticed. 23d—Scrotum is much diminished in size, and his general condition is much improved. Fluctuation could be plainly felt in the front of the scrotum, and on making an incision a large escape of blood and pus took place. He was put on tonics, and ordered charcoal poultices. Temperature, 101° Fahr. 25th—The scrotum is decreasing in size, but a good deal of pus and blood continue to drain away. 30th—Patient complains that the urine trickles out through the incision in the scrotum. A further incision on the left side of the scrotum did not give exit to any pus. May 7th—Mr. Grindon succeeded in passing a No. 5 elastic catheter to-day. 14th—The edges of the fistula are less indurated, but there is more œdema of the scrotum. A No. 3 silver catheter was passed to-day. 19th—A longitudinal incision was made over the anterior part of the scrotum, which was frozen by the ether spray, a small quantity of pus exuded, and a poultice was applied. 26th—No. 4 silver catheter passed to-day. 27th—The patient had a rigor to-day on a No. 4 catheter being passed. Another abscess is forming on the under aspect of the scrotum, on the left side, which was incised on June 2d. Very little urine escapes by the fistula. Several other abscesses formed in different places on the left side of the scrotum. 18th—Mr. Bloxam succeeded in passing a No. 6 silver catheter to-day. July 23d—To-day a No. 8 silver catheter was introduced. There is still a good deal of discharge from fistula, but the patient's general health has greatly improved. August 6th—No. 9 silver catheter was passed to-day, followed by a gum elastic instrument to be left in for two hours. September 6th—Patient passes about thirteen ounces of urine, without any escaping by the fistula, which is disposed to close. The strictures are still very tight. October 6th—To-day, internal urethrotomy was performed. 10th—Patient has no pain, and can pass his water freely, none escaping by the fistula. 18th—Patient is unable to retain his urine well, but this improved under iron and strychnia. There is still some discharge of pus, mixed with blood, from the scrotum, and a little urine comes away occasionally through the opening in the scrotum. November 2d—Patient complains of pain on defecation, No. 22 bougie passed easily, but No. 24 was firmly gripped. 18th—A little pus still discharges from the sinus, which runs up for some two and a half inches towards the urethra. No. 24 bougie passed without much difficulty. 21st—A little nitrate of silver was introduced into the sinus on a probe. December 7th—A little urine comes through the fistula when the patient passes his water in bed, but a great deal comes through when he micturates standing. He left the hospital on the 15th much improved in health, but with the sinus unclosed.

Pelvic Abscess.—Alice W—, æt. 22, governess, was admitted on January 12th. There

was a history of her having had pleurisy five years ago. A swelling appeared in the left groin directly after, which ultimately burst, with a free discharge of pus lasting some weeks and then ceasing. Two years later, however, it reappeared again for a month. In April last the discharge appeared once more, and has continued off and on ever since. Appetite is bad, and the pains in the pelvis interfere with sleep. The bowels are confined, catamenia regular. On examination a fistulous opening, with everted edges, was found one inch below the anterior superior iliac spine, on the left side, which appears to be discharging freely. A tent was placed in the wound. 15th—On removal of the tent to-day, a quantity of putrid pus escaped; the wound was syringed with carbolic lotion. 25th—Mr. Bloxam explored the sinus to-day, and made an incision between the last rib and the crest of the ilium, and passed a drainage tube through this incision and out of the wound in the groin. No albumen in urine. Temperature rose to 103.2° Fahr. this morning. 30th—Temperature, 97.4° Fahr.; not much pain, free discharge from the incision, patient sleeps well. Poultices are being applied February 27th. Temperature keeps down, and patient's general health is improved. Drainage tube has been removed. March 13th—Poultices were ordered to be discontinued, as the wound seems to be healing up satisfactorily, and there is very little discharge. 15th—Wounds are now completely healed, and patient was allowed to get up, and was discharged a few days later (March 21st).

April 4th—Patient was readmitted to-day. Cicatrix in lumbar region having reopened, and is discharging slightly. The probe was introduced, but only passed a short distance. 21st—The wound has quite healed, and all discharge has ceased, but patient complains of feeling sick, with pain over the region of the cæcum. Temperature 102° Fahr. As bowels have not acted, she was ordered ℥iss of castor oil, with ♏xv of tincture opii. 23d—The sickness has continued, as also the pain. Temperature 102° Fahr. The old incision was opened up afresh, and about an ounce of pus escaped, with great relief to the patient. Poultices ordered. 27th—Wound has again healed. Patient was discharged, and was ordered to take quinine mixture and cod-liver oil.

Case of Syphilitic Sarcocele.—George L—, æt. 24, sailor, was admitted on October 18th, with both testicles symmetrically enlarged, the epididymis and cord, however, not sharing in the enlargement. He had two ulcers on the inner side of the left leg, and one on the outer side of the right thigh. They are circular in shape, with a raw-beef colored induration surrounding an elevated seat. He had a chancre with the usual sequelæ some years ago.

Patient states that nine months ago he noticed a swelling of the right testicle, followed six weeks later by a similar increase of size of the left testicle. This slowly increased until six months ago, when they attained the size of an average melon. As he experienced no pain and but little inconvenience, he followed no treatment. They then became somewhat less swollen, and latterly have remained stationary. He was put on fifteen grain doses of iodide of potassium, with half drachm doses of liquor hydrarg. perchlor., in an ounce of decoction cinchonæ, three times a day, together with two and a half grains of blue pill, and one-quarter grain of pulverized opii at bedtime.

The pill was subsequently discontinued, and a drachm of mercury ointment was ordered to be rubbed into the scrotum every night. 23d—The testicles are reduced to about half their former size. Patient complains of pain in the left side. 24th—The left testicle is smaller and harder than the right. Patient's gums are beginning to get sore, so the liquor hydrarg. was discontinued. 26th—He is now fully under the influence of mercury, and the inunction was temporarily suspended. The testicles are very much smaller, and on the 27th patient was discharged to attend as an out-patient.

Cystic Disease of the Left Breast.—Annie I—, æt. 29, stationer. Patient first noticed a swelling in her left breast about seven years ago. She had diphtheria about six months before the swelling was first remarked. Since that time it has increased somewhat in size. She went to St. Thomas's Hospital two years ago to have it removed, but they refused to operate. There was nothing of interest in the family history. Patient is well-nourished, and of very dark complexion. She says she has been losing flesh the last few months, and suffers a good deal from indigestion. On inspection a slight bulging of the left breast was seen just over the third rib. On palpation a hard mass can be felt at the upper and outer part of the gland; irregular in shape, nodulated, very hard. It is freely movable on the subjacent tissues, and the

skin is uninvolved. There is no pain nor tenderness, no fluctuation nor pulsation, nor is there any impulse on coughing. There is no dimpling nor retraction of the nipple. The glands in the axilla are not affected. Two days after admission (January 11th) the patient was under the influence of ether, and Mr. Bloxam made an oblique incision, under antiseptic precautions, about three inches long, along the axillary border of the left mammary gland. From this wound a mass of tissue was removed, about the size of a pigeon's egg. On section, this was found to consist of dense fibrous tissue scattered about, in which were a number of cysts, containing a dark-brown viscid fluid, which was not at all offensive. The wound was then closed by means of horse-hair sutures, and a drainage-tube inserted. Temperature some hours after the operation 99.2° Fahr., pulse 78.. The wound was dressed on the 14th, when it looked healthy, with very little discharge. Temperature 101° Fahr. Patient feels comfortable, and there is no pain. 23d—Sutures were removed to day; everything is proceeding satisfactorily. Patient left cured on the 25th.

Inflamed Inguinal Glands, consequent on Irritation from External Hemorrhoids.—Ellen N—, cook, was admitted on December 11th, complaining of swelling and pain in right inguinal region. She says she has been suffering from piles for two years, and has now some inflamed, external piles. Three or four days ago she had to lift a heavy pan off the fire and the glands began to swell two or three hours later. The next day the enlarged glands became painful and hot, and continued to increase in size, until her admission to the hospital.

She had an ulcerated throat three months ago, and this has recurred since. Patient is anæmic looking, but says her general health is good, and menstruation is regular.

She was kept in bed, and her bowels opened by means of laxatives. The swelling at once began to decrease, and the pain disappeared. Her temperature was never above normal. She left cured on the 19th. The case is peculiar, because the patient notices that when the piles become inflamed she has lumps in her groin, generally on the right side near the body of the pubes, but they had never been as large nor as painful as on the present occasion.

Case of Acute Periostitis of Lower End of Femur, with Effusion into the Knee-joint.—Elizabeth B—, æt. 15, was admitted on October 4th. Ten days ago the patient, who lives with her aunt, was stooping to pick up something from beneath the bed, when she suddenly felt a sharp pain in the knee. She is stated never to have been ill before. Her temperature, on admission, was 102.2 Fahr., and the knee-joint was hot and a trifle swollen. Ice-bags were applied. 5th—Morning temperature 103° Fahr., evening temperature 101° Fahr. Patient passed a bad night, and has no appetite. Tongue furred, and bowels confined. She was ordered to take infus. sennæ comp. ℥iss. 7th—The knee is about the same. Her temperature in the afternoon was 103.2° Fahr. 8th—Patient passed a restless night, temperature 103.3° Fahr. The joint is more swollen and somewhat easier. 11th—Patient passed a better night, temperature 101.2° Fahr. She complains of pain in the right groin. The tongue is cleaner. The swelling seems somewhat less. 17th—Patient's condition remains about the same. She has required sleeping draughts on two or three occasions. The swelling of the knee is less, but the lower part of the thigh is very tender to the touch. The temperature has returned to normal. 25th—There is a good deal of thickening around the lower part of the thigh, but not much pain. The synovitis of knee has practically disappeared. Poultices and fomentations were constantly applied. No fluctuation could be detected. No further elevation of temperature took place, and the thickening gradually diminished. Patient was discharged, as an in-patient, on November 14th.

Case of Paraplegia of doubtful Origin.—Alice D—, æt. 20, domestic, was admitted on October 9th. She is suffering from loss of power in both legs, below the knee; she can both flex and extend the knee, but is unable to walk. Patient complains of pain over the internal malleoli of both legs, also just above the patellæ—this is worse in damp weather, and is increased by pressure. The right leg is slightly flexed on the thigh. She says she has pain occasionally of a shooting character in the epigastric region, usually in the morning after taking food. Patient is very stout, and this seems more marked about the legs. Both hands are weak and tremulous, the left being the worse. The catamenia is regular, and there is nothing abnormal in the heart or lungs.

Patient says she enjoyed the best of health

until she was sixteen years of age, when she gradually began to feel weak, and apt to fall down, and she had to give up her situation in consequence. The following week she had some sort of fit, on recovering from which she found herself unable to use either leg, from the hip downwards. Both arms, as high as the shoulders, were likewise affected, the muscles were relaxed, with the exception of the flexors of the left forearm, so that the fingers of the left arm were pressing into the palm. She was then an in-patient at the Lambeth Infirmary, and the battery was used at intervals. Formerly she had the same pain about the shoulders, elbows, and wrists as she now has in the legs. For some time after the "fit" she was unable to retain her urine, which dribbled away, and this continued for some months, but she gradually improved, and in six months she had recovered the power. There was also general anæsthesia of both the arms and legs when first affected, but under the use of the battery the sensation first returned, followed later on by the power of movement in the arms and in the legs as far as the knees. Eighteen months after her first attack she was able to sit up and use her arms a little. Strength gradually became restored to the arms, but even now they are far from the normal standard. Her father died of heart disease, and her mother of dropsy and bronchitis. Brothers and sisters are healthy, with the exception of one brother who is consumptive. Patient was ordered to walk a little, with assistance, every day. She complains of great fatigue after walking a few steps. Galvanism was prescribed, one pole being applied to the lumbar region. 20th—Patient is now able to walk across the ward, leaning on one person's arm only. November 10th—Patient can now stand up and do a step or two quite alone. 27th—Yesterday patient fell while taking a little promenade, and afterwards complained of great pain in the left leg, which gave way and caused the accident. She seems to have lost all power in the legs once more, and can neither stand nor walk. The same treatment was continued. December 7th —Patient has begun to pick up again and can now walk a little. 20th—The improvement has continued and she can walk a little with the help of a nurse. Patient was discharged, on January 4th, very much improved in health, and able to walk with the help of sticks.

Case of Tubercular Ulceration of Tongue.—Elizabeth H—, æt. 25, married, was admitted April 19th. Patient has one child, three years old, and three weeks ago she was prematurely confined of another at seven months. Patient is a pale, cachectic-looking woman. At the edges, and under surface of the tongue she has several shallow, sloughy-looking ulcers. The tongue itself is enlarged, red, and the epithelium is absent in patches. The right side of the tongue, towards the centre, is elevated and indurated. Several glands in the neck, and groin, and around the elbows are enlarged. Patient says the ulceration commenced some six months ago as a round nodule, situated on the tip of the tongue, after a time this opened in the centre and then spread. No active treatment was adopted at this time on account of her being pregnant. A lotion of seven grains of bi-cyanide of mercury to half an ounce of water was ordered to be applied to the ulcerated surface every morning. Patient complains that this gives her great pain, so it was ordered to be used every other morning, and she was put on a mixture containing 15-grain doses of iodide of potassium with ʒiij of tincture of bark, to be taken three times a day, together with 5 grains of quinine, in a powder, to be taken every day at noon. May 8th—The patient has decided signs of phthisis, and the conclusion was arrived at that the ulceration was tubercular. The above treatment was, therefore, abandoned. Temperature last night 102.6° Fahr., this morning 99° Fahr. The glands of the neck are smaller and the tongue is less swollen. Glycerine of borax was substituted for the bi-cyanide of mercury, as an application for the tongue. 23d—The condition of the tongue remains about the same. The patient's temperature oscillates a good deal, and she has had a sharp attack of diarrhœa. She was put on cod-liver oil and syrup of the iodide of iron. She sweats profusely at night, and the tuberculosis seems to be making strides. There is not much expectoration. 26th—The diarrhœa still continues, and patient was ordered the mistura, acid. sulph. dil. Her temperature varies from 98° Fahr. in the morning to 103.6° Fahr. at night. June 2d —The ulceration is no worse. Patient was ordered the brandy and egg mixture twice a day, with Kepler's extract of malt and cod-liver oil twice a day. 5th—The diarrhœa has now ceased, but the patient complains of a good deal of pain in her tongue and of sore

throat. 22d—The diarrhœa has returned in a severe form, and she was given a mixture containing bismuth and tincture of krameria. Several carious teeth were removed to-day by Mr. Fairbank. The tongue appears to be improving. Patient was discharged on July 13th, without any decided improvement in her condition.

THERAPEUTIC NOTES.

ALBUMINURIA OF PREGNANCY.

Dr. L. N. Davis (Indiana Medical Journal) recommends—

℞. Hydrarg. bichlor. . . gr. j.
Tinct. ferri chlor. . . . ℥ss.
Spts. ætheris nitrosi . . ℥iss.
Aqua . . . . . ℥vj.

M. Sig.—One teaspoonful in water three times a day.

SCARLET FEVER.

Dr. A. A. Walker (New England Medical Monthly) recommends—

℞. Tinct. veratri viridi . . ♏iij.
Potassii iodidi . . . gr. lxiv.
Syr. scillæ . . . ℥ij.
Syr. simp. . . . ℥ij.

M. Sig.—One teaspoonful every two hours.

Dr. Walker also directs a gargle of honey, salt, and vinegar to be used three or four times daily.

CARDIAC DILATATION.

Professor Da Costa often prescribes—

℞. Tinct. digitalis . . . ℥ss.
Tinct. ignatia . . . . ℥ss.
Tinct. cinchonæ comp. . . ℥v.

M. Sig.—One teaspoonful three times daily.

WHOOPING-COUGH.

Dr. R. P. Collin (Medical Press of Western New York) strongly recommends—

℞. Tinct. belladonnæ . . ♏xl.
Tinct. cannabis ind. . . ℥ss.
Ext. quebracho,. . . . f℥j.
Syr. tolu . . . . ℥vj.

M. Sig.—One teaspoonful every four hours.

CHRONIC ECZEMA.

℞. Hydrarg. oxidi rubri . . gr. xx.
Acidi carbolici . . . gr. xv.
Plumbi carb. . . . ℥iij.
Ung. zinci oxidi benz. . ℥ij.

M. Ft. Ung.
Sig.—Apply night and morning.

MUSCULAR RHEUMATISM.

Professor Da Costa frequently prescribes—

℞. Sodii salicylatis . . ℥ss.
Spts. lavandulæ comp. . ℥ss.
Pulv. acacia . . . gr. xxx.
Elix. auranti . . . ℥iss.
Aqua menth. pip. q. s. ad ℥vj.

M. Sig.—Dessertspoonful every two hours.

FLATULENT DYSPEPSIA.

Professor Parvin frequently prescribes—

℞. Aloini . . . . gr. j.
Resinæ podophyllii . . gr. iss.
Ext. nucis vomicæ . . gr. iij.
Ext. belladonnæ . . gr. j.

M. Ft. pilulæ No. xii.
Sig.—One pill after meals.

VOMITING OF PREGNANCY.

Dr. L. D. Worthington (New England Medical Monthly) has obtained excellent results in this distressing accompaniment of pregnancy from—

℞. Potassii bromidi . . . ℥iij.
Tinct. colombo . . . . ℥ij.
Aqua . . . . . ℥ij.

M. Sig.—One teaspoonful every three hours.

HÆMATINURIA.

Dr. Allen Baines (Canadian Practitioner) recommends—

℞. Ferri et quiniæ citratis . . ℥ij.
Strychnia sulph. . . . gr. j.
Tinct. calumbæ . . . ℥j.
Syr. limonis . . . . ℥j.
Aqua rosæ . . . . ℥vj.

M. Sig.—Two teaspoonfuls in water three times a day.

MASKED MALARIA.

Professor Da Costa frequently orders—

℞. Quiniæ sulph. . . . gr. xvj.
Acidi sulphurici dilut. . ♏xvj.
Syr. tolu . . . . f℥j.
Spts. ætheri nitrosi . . f℥j.
Aqua . . . q. s. ad. f℥ij.

M. Sig.—One tablespoonful every two hours.

MALARIAL HÆMATURIA.

Dr. T. J. Draper (Weekly Medical Review) recommends—

℞. Tinct. nucis vomicæ . . ♏xxx.
Tinct. iodi . . . . ♏xxx.
Tinct. hyoscyami . . ℥j.
Ext. buchu, fl. . . . ℥j.
Sat. sol. sodii sulphatis . ℥ij.

M. Sig.—Teaspoonful every two hours.

INFLUENZA.

℞. Atropia sulph. . . . gr. 1/6.
Quinia sulph. . . . ʒj.
Acidi hydrochlorici dilut. . ʒij.
Syr. yerba santa . . ʒiiss.

M. Sig.—One teaspoonful in water every four hours.

MALARIAL JAUNDICE.

Professor Bartholow recommends—

℞. Acidi arseniosi . . . gr. j.
Ferri sulphatis . . . gr. xx.
Manganesii sulphatis . . gr. xx.
Quinia sulphatis . . gr. xl.

M. Ft. pilulæ No. xl.
Sig.—Two pills three times a day.

Also—

℞. Hydrarg. chlor. mite . gr. iij.
Fel. bovini . . . gr. xx.
Resinæ podophylli . . gr. j.

M. Ft. pilulæ No. vi.
Sig.—One pill every night.

ENTERITIS.

Professor N. S. Davis recommends—

℞. Ol. gaultheria . . . ʒss.
Ol. terebinthinæ . . . ʒiij.
Tinct. opii . . . . ʒss.
Pulv. acacia . . . . ʒv.
Sacchara alba . . . ʒv.
Aqua . . . . . ʒiv.

M. Sig.—One teaspoonful every four hours.

DIPHTHERIA.

℞. Tinct. belladonnæ . . ʒss.
Tinct. iodi . . . . ʒiij.
Aqua menth. pip. . . ʒiiiss.

M. Sig.—One teaspoonful every four hours.

CHRONIC CONSTIPATION.

℞. Tinct. ignatia . . . ʒiss.
Tinct. hyoscyami . . . ʒss.
Ext. cascara . . . fʒij.

M. Sig.—One teaspoonful in water before meals.

NERVOUS DYSPEPSIA.

℞. Tinct. nucis vomicæ . . ʒj.
Tinct. hydrastis . . . ʒiss.
Ext. erythroxoli . . . fʒij.

M. Sig.—One teaspoonful in water after meals.

BILIARY CALCULI.

℞. Hydrarg bichlor . . . gr. ss.
Ammonii chloridi . . . ʒss.
Ext. taraxaci . . . fʒiij.

M. Sig.—One teaspoonful in water four times a day.

GONORRHŒA.

Dr. W. C. Wile (New England Medical Monthly) frequently prescribes—

℞. Hydrastin . . . . ʒj.
Liq. morphia sulphatis . . ʒij.
Mucil. acacia . . . . ʒiv.

M. Sig.—Use as an injection four times daily after urinating.

GOUT.

℞. Tinct. aconiti rad. . . ♏xx.
Vini colchici rad. . . ʒiij.
Potassii bicarb. . . . ʒss.
Aqua . . . . . ʒiiiss.

M. Sig.—Dessertspoonful in water every three hours.

QUINSY.

℞. Morphia sulphatis . . gr. ss.
Tinct. aconiti rad. . . ʒss.
Pilocarpinæ hydrochlor. . gr. j.
Liq. potassii citratis . . ʒjv.

M. Sig.—Dessertspoonful every two hours.

CHLOROSIS.

℞. Tinct. belladonnæ . . . ʒss.
Potassii chloratis . . . ʒiij.
Aqua . . . . . ʒvj.

M. Sig.—Two teaspoonfuls in water after meals.

ASCARIDES VERMICULARIS.

℞. Strychnia sulphatis . . gr. 1/8.
Tinct. aloes . . . ʒiss.
Tinct. cinchonæ comp. . ʒij.

M. Sig.—One teaspoonful in water three times a day.

Also—

℞. Sodii chloridi . . . . ʒij.
Potassii chloratis . . . ʒij.
Aqua . . . . . Oj.

M. Sig.—Use as an enema every second or third night.

RHEUMATIC CHOREA.

Professor N. S. Davis recommends—

℞. Tinct. stramonii . . . ♏xv.
Tinct. cimicifugæ . . . ʒss.
Vini colchici rad. . . . ʒij.
Syr. zingiberi . . . ʒiiss.

M. Sig.—One teaspoonful four times a day.

HÆMOPTYSIS.

Professor Bartholow frequently prescribes—

℞. Tinct. digitalis . . . ʒij.
Vini ipecac . . . . ʒss.
Ext. ergotæ . . . . fʒij.

M. Sig.—One teaspoonful every hour.

GASTRALGIA.

℞. Tinct. stramonii . . . ʒss.
Tinct. hydrastis . . . ʒiv.
Aqua lauro-cerasi . . . ʒiiss.
M. Sig.—One teaspoonful in water every four hours.

EPILEPSY.

Professor Bartholow frequently prescribes—

℞. Sodii bromidi . . . . ʒvj.
Potassii bromidi . . . ʒvj.
Liq. potassii arsenitis . . ʒj.
Tinct. colombo . . . ʒiij.
Syr. zingiberi q. s. ad. . . ʒvj.
M. Sig.—Dessertspoonful after meals and at bedtime.

WARTS.

Dr. D. C. Platt (New England Medical Monthly) recommends—

℞. Argenti nitratis . . . ʒj.
Acidi nitro-muriatic . . . ʒj.
M. Sig.—Apply once a day.

TYPHOID FEVER.

Dr. J. A. Batte (Mississippi Valley Medical Monthly) has obtained excellent results from—

℞. Creasoti . . . . ♏xxiv.
Ol. terebinthinæ . . ʒvj.
Resorcin . . . . ʒvj.
Gum arabic . . . ʒvj.
Aqua . . . . . ʒvj.
M. Sig.—One teaspoonful every four hours.

PEDICULOSIS.

℞. Acidi carbolici . . . gr. xij.
Hydrarg chlor. mite . . gr. xx.
Adipis . . . . ʒj.
M. Ft. ungt.
Sig.—Rub well into the affected surface.

GASTRIC CATARRH.

Professor Da Costa often orders—

℞. Argenti nitratis . . . gr. ij.
Ext. hyoscyami . . . gr. iij.
M. Ft. pilulæ No. xii.
Sig.—One pill three times a day.

SUBACUTE RHEUMATISM.

Dr. A. J. Conger (New England Medical Monthly) recommends—

℞. Potassii iodidi . . . ʒiiss.
Vini colchici seminis . . ʒj.
Ext. hyoscyami . . . fʒiv.
Tinct. cimicifugæ . . . ʒiss.
Syrupi . . . . . ʒv.
M. Sig.—One teaspoonful, well diluted, every four hours.

WINTER PRURITUS.

Dr. W. F. Corlett (Cleveland Medical Gazette) says, as this annoying affection is merely a local neurosis, internal medication avails but little except in severe cases where the paroxysms of itching occur several times during the day, when hydrobromic acid may be used with marked benefit. It is by local measures, however, that we are effectually able to control it.

At the outset of a paroxysm apply caustic potash in strength varying from x to xxx grains to the ounce of water, to which a drachm of glycerine may be added, after which the following ointment should be employed:—

℞. Menthol . . . . ʒss.
Acidi carbolici . . . ʒss.
Sodii benzoati . . . ʒij.
Ung. aqua rosa . . . ʒiij.
Cerae alba q. s. . . . Misce.

In mild cases, by omitting the caustic potash, the following lotion will be sufficient:—

℞. Menthol . . . . ʒj.
Alcoholis . . . . ʒij.
Acidi carbolici . . . ʒss.
Sodii benzoati . . . ʒj.
Aqua rosa . . . . ʒvj.
M.

INTERTRIGO.

℞. Pulv. camphoræ . . . gr. v.
Bismuth subnit. . . . ʒij.
Plumbi carb. . . . ʒiij.
Ung. zinci oxidi benz. . . ʒij.
M. Sig.—Apply externally.

CYSTITIS.

Professor Pancoast recommends—

℞. Morphia sulphatis . . gr. j.
Tinct. gelsemii . . . ʒss.
Potassii bicarb. . . . ʒij.
Aqua . . . . . ʒiij.
M. Sig.—Two teaspoonfuls, well diluted, every three hours.

PLEURISY.

℞. Tinct. opii deod. . . . ʒss.
Tinct. bryonia alba . . ʒss.
Vini ipecac . . . . ʒiss.
Syr. zingiberi . . . . ʒiss.
M. Sig.—One teaspoonful every hour.

CHRONIC BRONCHITIS.

℞. Tinct. cubebæ . . . ʒss.
Tinct. benzoini comp. . . ʒj.
Tinct. cinchonæ comp. . . ʒiss.
M. Sig.—One teaspoonful in water every four hours.

THE
Medical Bulletin.

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Philadelphia, April, 1886.

DR. AUSTIN FLINT, SR.

DR. AUSTIN FLINT, SR., one of our greatest and most universally esteemed physicians, died at his residence, in New York, on March 13th, from cerebral hemorrhage. Dr. Flint was in apparent good health until a few hours before his brilliant career was closed by death. He attended a meeting of the Faculty of Bellevue Hospital Medical College on Friday evening, March 12th, and after reaching home, retired to bed apparently as well as usual. Shortly before midnight, however, he complained of violent pain in the head, other symptoms pointing to cerebral hemorrhage developed in a few minutes, and he soon became unconscious. Dr. Austin Flint, Jr., and Dr. E. G. Janeway, who had been sent for, quickly arrived, but all their efforts to restore consciousness proved unavailing. Their illustrious patient gradually became weaker and weaker, and died at two o'clock on the following afternoon.

Dr. Flint was born in Petersham, Mass., on October 12, 1812, and was, consequently, in his seventy-fourth year at the time of his death. His father, grandfather, and great-grandfather were eminent physicians. Following in their footsteps he began his medical studies at an early age, and graduated from Harvard Medical School in 1833. After practising for a time in Boston and Northampton he removed to Buffalo, where he soon established a lucrative practice, and by his numerous contributions to medical literature laid the foundation for the professional eminence which he afterwards attained.

In 1844 he was appointed Professor of the Institutes and Practice of Medicine in Rush Medical College, Chicago; but he retained the position for only one year. He then returned to Buffalo and, in 1846, founded the Buffalo Medical and Surgical Journal. In 1847, in conjunction with Drs. James P. White and Frank H. Hamilton, he founded the Buffalo Medical College, and filled the Chair of Medicine in it until 1852, when he was appointed to the Chair of Theory and Practice of Medicine in the University of Louisville. In 1856 he returned to Buffalo and accepted the Chair of Pathology and Clinical Medicine in the Buffalo school. During the winters of 1858–61 Dr. Flint lectured on Clinical Medicine in the New Orleans School of Medicine.

In 1859 Dr. Flint removed to New York, and was appointed to the Chair of Pathology and Practice of Medicine in the Long Island College Hospital, which position he held until 1868. In 1861 he was appointed to the Chair of Medicine in Bellevue Hospital Medical College, and Visiting Physician to Bellevue Hospital. In 1872 he was elected President of the New York Academy of Medicine, in 1883–84 President of the American Medical Association, and in 1885 President of the Ninth International Medical Congress.

Dr. Flint's contributions to medical literature were numerous and valuable. Among the more noteworthy are: "Clinical Reports on Continued Fever," "Variations of Pitch in Percussion and Respiratory Sounds, and their Application to Physical Diagnosis," "Physical Exploration of the Chest and the Diagnosis of Diseases Affecting the Respiratory Organs," "Practical Treatise on the Diagnosis, Pathology, and Treatment of Diseases of the Heart," "Clinical Medicine," "Phthisis," "Conservative Medicine and Kindred Topics," and a "Manual of Auscultation and Percussion."

His most important work, however, was his "Treatise on the Principles and Practice of Medicine," which has passed through five editions, and has been translated into several foreign languages.

The funeral services, which were held in Christ Church, on Tuesday, March 16th, were attended by hundreds of physicians from New York, Brooklyn, Jersey City, Philadelphia, and Boston, who came to pay their last tribute of respect and veneration to this eminent American physician.

THE TREATMENT OF SPRAINS.

THE proper treatment of sprains varies with the severity of the injury. In mild cases a cure can frequently be obtained in a day or two, by immersing the affected limb in cold water for a few minutes, and then applying an ordinary roller bandage, and keeping the limb elevated and at rest until the pain and swelling subside. In some cases better results can be obtained by placing the injured part in hot water instead of cold, and then applying the bandage. In other cases, more benefit will result from the alternate applications of hot and cold water. Lotions of lead-water and laudanum, or vinegar and water will also be found serviceable at times.

In severe cases the bowels should be freely opened by saline cathartics, and the pain and constitutional excitement controlled by the administration of morphia and aconite, or morphia and gelsemium. Locally, the greatest benefit can be obtained in these cases from the use of cold applications during the first twenty-four hours. The limb should be elevated, and icebags or cold compresses placed on the affected surface. Evaporating lotions also may be employed with advantage.

At the expiration of twenty-four hours light massage should be resorted to, in order to hasten the removal of the effused fluids. The manipulations should be conducted with extreme gentleness, and should not extend over a period of more than five minutes at first. After massage has been employed for two or three days the limb should be placed in a plaster bandage and the patient permitted to walk with the aid of a cane. In some cases the plaster bandage may be applied on the second day with the certainty of a speedy cure.

SOMEBODY LED ASTRAY.

A FEW weeks ago, Dr. David W. Yandell lifted up his voice in the American Practitioner and News and wept for the American Medical Association. The Association had been "led astray" at New Orleans, he mournfully declared, and it would "be led astray again and yet again," for it had hardened its heart and would not listen to Dr. Yandell. Now we are willing to accept Dr. Yandell's protestations of anxiety for the future of the Association as being sincere, but they are based upon a delusion. It was not the Association, but it was Dr. Yandell that was led astray. When and by whom he was led astray may be ascertained by reference to the entertaining communication which we publish this month, under the title of "An Episode of the Revolt against the Association."

There are others, however, who do not agree with us, and who regard Dr. Yandell's protestations with suspicion. The following letter, from the Journal of the American Medical Association, is written by one who has a personal knowledge of the facts of which he writes, and who evidently entertains a deep distrust of Dr. Yandell, even when his voice is lifted up in lamentation:—

TO THE EDITOR OF THE JOURNAL:

Dear Sir: My attention has been called to an editorial in the American Practitioner of February 20th, reproduced in the Medical News of the 20th ult. I take it for granted it was written by the senior editor, Dr. D. W. Yandell. To all those familiar with the doings of the American Medical Association this editorial will sound strangely. To quote: "It (the American Medical Association) was led astray at New Orleans (Why was not Dr. D. W. Yandell, ex-president of the association, there to keep it from being led astray?). It will doubtless be led astray again, and yet again, for designing, ambitious, selfish, and industrious plotters will gather at every meeting, and opportunities for their *securing power* (italics ours) will occasionally occur." Dr. D. W. Yandell made his first appearance as a delegate from Kentucky in 1856, then in 1857 and 1859. His name does not appear again (nor his State) till 1871, when in San Francisco he was elected president. Neither his State, nor he, had any claims to the honor. It was, so report said, due to designing, ambitious, selfish, and industrious plotting that the presidency was awarded him. Since that time the senior editor of the American Practitioner, and ex-president of the American Medical Association, has attended only four meetings, and since 1874 none at all. With the exception of his address as president, no other contributions appear from his pen to the association. In Dr. Yandell's Address (see page 103, vol. xxiii., Transactions American Medical Association) he says: "The association is making our profession one in heart throughout our borders." How does this comport with his ideas of 1886? He who runs can read.

Does such a career entitle the ex-president to

read a lecture to the association as to how it shall conduct itself? The least modicum of modesty should have taught him to *keep his say* to himself. Moses did very well when he was among the people; but when he climbed the mountain to "see the promised land" his influence was gone. We fear the senior editor of the American Practitioner was elevated too early for his years. An ex-president of the Association should have some influence, and it should be in the body which has made him distinguished. With many others who have known him for years we sincerely regret the position he has taken. In the welfare and interest of the association we hope to see Dr. Yandell at St. Louis in May next, and if his Kentucky eloquence can convince the American Medical Association that they have gone astray, we will cordially admit it. We are sorry Dr. Yandell has taken the course he has—we can only pity him. TRUTH.

A WORD TO THE DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

THE following editorial from the Medical and Surgical Reporter, contains such a dispassionate review of the questions that may be presented to the American Medical Association for adjudication, that we take pleasure in placing it before our readers:—

It is clearly apparent to all physicians who read medical journals—and we would ask what intelligent one does not?—that the coming meeting of the American Medical Association in St. Louis is destined, beyond doubt, to be the most important one that has ever been held.

The meetings of this, as of all other medical societies, usually consist in the reading of a lot of papers, an interchange of friendly hospitality, and an adjournment.

But in May next there will be a meeting at St. Louis that is destined to go down into history as the most momentous gathering of medical men that has ever assembled in this country, for at this meeting the future policy of the International Medical Congress will be definitely settled. The controversy between the present committee, which is now making arrangements for the Congress under the direction of the association, and those who object to the formation and work of this committee, will be brought to an issue.

Without animosity and prejudice on either side, we feel that we are imperatively called upon to say a few words on this very important question. It is of exceeding great importance, for upon the spirit in which the profession receives the final verdict of the association, will rest the estimation in which we will be held, as sensible men or the reverse, by our European brethren.

All the talk that has been indulged in by those who are opposed to the association in reference to the idea that it has not the right to control the Congress, which was at first their stock in trade, has been impliedly abandoned. It is now evident that their method of future warfare, their spring campaign, contemplates the passage by the association of a resolution accepting the report of the present Committee of Arrangements, discharging them from all further service, and commencing the organization of the Congress *de novo*. Let us look into this question for a minute, and see just what the true position of affairs is.

The association has, we maintain, the right to do just exactly that which it chooses, and when it has announced its decision, it then becomes the plain duty of all right-meaning medical men to uncomplainingly abide by this decision. The claim that the association has not the right of arbitration, has been, we say, clearly abandoned by those who at first made this claim, as is evidenced by their determination to refer the matter in dispute to the association for arbitration. That they so intend was made plainly evident by the opposition in the recent meeting of the Philadelphia County Society, when a successful effort was made to substitute for the regularly nominated delegates to the association a ticket made up of those who were known to be opposed to the present attitude of the association and its committee. Therefore, since the opposition have seen fit to refer their battle-ground to St. Louis, we most emphatically say that they will stultify themselves, so to speak, if, when the association has spoken, they do not, at once, cheerfully acquiesce and work manfully for the success of the Congress.

But we fear that such is not their intention; we very much fear that their programme contemplates the effort to capture the association, and if they fail in this, then to organize a new association, from which it is possible that an invitation to hold an opposition Congress might go forth. That there is a movement on foot to organize a new national association, there can be no reasonable doubt, though this fact has been denied in our hearing by one of the organizers; at least, he denied that the purpose was to organize in opposition to the American Medical Association; but we ask how it would be possible to start a new national society that would not be in opposition to the present association. Well, then, we say that the association has the right to do what it pleases, and when it has so done, that we must give it our adherence.

The words that we wish to say to the delegates are to let them know that an effort will be made at the meeting in St. Louis to capture the associa-

tion by those who are not in accord with its present attitude. We wish to say that the war-cry of this army of conquest will be "Harmony;" "The good of the profession;" "The success of the Congress;" "The reconciliation of all differences in the profession;" and the like. We doubt not that the same measures will be resorted to that were adopted to capture the Philadelphia County Society, which we can only characterize as undignified, ungentlemanly, unconstitutional, and rebellious, because the manipulators succeeded, by means of a packed meeting (we use the word advisedly), in electing their list of delegates irregularly and in direct opposition to the provisions of the constitution and by-laws. *We were present at this meeting, and know whereof we speak, when we say that the majority of those men who voted for the irregularly substituted ticket were men who are rarely seen at the meetings of the society, were young men, and in very many instances, men who hold positions as clinical assistants to our professors, and whose heads, therefore, would have paid the penalty of that independence which they were too weak to exhibit.*

It was a very significant fact that all the older men, that is those among them who evidence their interest in the society by attending the meetings, voted for the regularly nominated list of delegates.

Now then, we have cautioned the delegates that a deliberate effort will be made to capture the association by the methods usually employed to carry a ward convention; and we advise them strongly, that as they value the good name of the American profession, they should not tolerate any such proceedings, which they can prevent if they will attend the meeting.

To the Judicial Council of the association, we have a word of the greatest importance to say: If the question comes before you, as it may, as to which set of delegates from the Philadelphia County Society are really the accredited delegates to the association, your decision, if fairly rendered, must be in favor of the list that was nominated in the regular course that is laid down by the constitution, and not in favor of the list that was elected in direct violation of all law and precedent. If, perchance, the question arises, that although this ticket was nominated in due form, yet it was not elected, and therefore is not entitled to representation, it would seem that your duty was to deny representation entirely to the Philadelphia Society, a contingency that we would very much dislike to see; but nevertheless, you cannot conscientiously grant admission to this irregular delegation on any ground.

Again we would say to the delegates from all over the United States, be prepared to do your duty manfully at the next meeting. You will require all the courage you can summon to your aid that you may resist the great pressure that will be brought to bear upon you from both parties, and it will sorely try you to do that which your conscience tells you is the right thing. But be firm; go to St. Louis determined to carry out the instructions of your society, if they have directed you, at all hazards. If you are not instructed, then do the best you can; and above all, firmly make up your minds that whatever may be the decision of the society, you will cheerfully abide by it, and, with your whole heart and soul, do all to support and aid the American Medical Association.

Whatever may be the decision of this tribunal, this journal will support it to the utmost extent of its ability.

COMMUNICATED.

AN EPISODE OF THE REVOLT AGAINST THE ASSOCIATION.

BY W. H. WATHEN, M.D.

As a member of the New Committee, appointed by the American Medical Association, it may not be amiss to invite the attention of my professional brethren—who stood shoulder to shoulder and endured with me the hypercritical criticisms of our labors—to some of the devices of those "scientific medical men" whose great learning and virtue have made them despots. We have been repeatedly informed during the last few months, by a few professional gentlemen of the medical press, that all of the "eminently scientific men" have resigned the chairmanships of sections, etc. Well, let us see what constitutes one of these "great scientific medical men," defenders of professional honor, etc., and we will then be better able to judge of the truth of those assertions.

As the chairmanship of the Section on Surgery is one of the most important scientific places in the Congress, let us direct our attention to David W. Yandell, M.D., of Louisville, Kentucky, who recently resigned its chairmanship and was one of the first to "cast a stone" at the work of the New Committee.

On my return home from the meeting of the committee in Chicago, it was publicly mentioned that I had been active in securing Dr. Yandell's reappointment to the chairmanship of the Section on Surgery. About this time Dr. Yandell attended a meeting of professional

gentlemen in Philadelphia, and, with them, declined to have anything to do with the Congress, for reasons already made known. He next took occasion to give vent to an overflow of "his science," which is fully set forth in the following correspondence:—

[We will now take a peep at it, and pass on without comment.]

Philadelphia Club,
Philadelphia, June 29, 1885.

My Dear Wathen: I see in the report you gave to the Courier-Journal of what you did at Chicago, that you say you remembered me among your Kentucky friends.

[The following appeared in the Courier-Journal a few days after my return from the Chicago meeting of the Committee: "Dr. Wathen has returned from Chicago where he attended a meeting of the Committee of Arrangements of the International Medical Congress. The Doctor remembered his Kentucky friends, and had several of them elected to the most important offices in the Congress, viz: Drs. D. W. Yandell, Henry M. Skillman, W. W. Cleaver, J. N. McCormack, D. A. Reynolds, M. F. Coomes, C. W. Kelly, J. A. Hodge, and Jno. A. Octerlony."]

Naturally, I am obliged. Will you kindly write me, at your early leisure, in what way you remembered me? What did you do for me at Chicago?

Hoping you are well and with kind regards to your family, I remain very truly, etc.

D. W. YANDELL.

[Personal.] Louisville, Ky., July 1, 1885.

My Dear Doctor: I did what I could while in Chicago to have you reappointed President of the Surgical Section, and while there was opposition to you, I am pleased to say that no one in committee voted against your reappointment. This is as much as it would be proper for me to say to you now, but I may explain the details more fully when I see you. Sincerely, your friend,

W. H. WATHEN.

To D. W. Yandell, M.D.

Philadelphia Club, July 4, 1885.

Dear Doctor: I am obliged to you for answering me so promptly. Having seen much of my friend, Dr. Cole, and of Dr. Shoemaker (whom I have only recently come to know and whom I like very much), and had several unreserved conversations with them on their proposed action at Chicago before they left, and having had a full account of the doings of the committee both from Dr. Shoemaker and Dr. Hays, after their return, I was taken somewhat aback when I found you saying, in the Courier-Journal, that you had had me appointed to my place. Hence my letter to you.

Neither of the gentlemen, whose names I have given, have any recollection of any opposition made at Chicago to my appointment, or rather to my appointment remaining undisturbed; and the two first, Cole and Shoemaker, had volunteered the statement, before they started to Chicago, that neither I nor certain other chairmen of Sections, whom they named, would be changed. I am none the less obliged to you, however, for your very kind intentions toward me. Hoping you are all well,

I am very truly, etc., yours,

D. W. YANDELL.

Philadelphia Club, July 4, 1885.

**My Dear Doctor:* When I saw that Dr. Wathen had taken to himself the credit of having *made me* president of the Surgical Section of the International Medical Congress, I felt so keenly the injustice of the thing that I wrote him, of course, in my friendly way, to know just what he had done. I inclose you his reply. Now, I am going to give you the true inwardness of the thing, that you may know what I know:—

I was appointed by the Original Committee to the place. When talking to Cole and Shoemaker here, before they went as members of the New Committee, they volunteered the statement that I, along with a number of other chairmen, would not be disturbed. I was not disturbed. Dr. Wathen takes, in the public prints, the credit of this to himself.

Now, when I saw he had done so, I had a friend to see several members of the committee to which Wathen belonged, and made inquiries concerning his action at Chicago, with the result of being assured that he was the only member of the committee *who showed himself to be my enemy.* How is that for high? Assured at W.'s end of the line in the *newspapers* that HE had me appointed. Assured at this end that he was the one man who strove to defeat my REappointment! How, I say, is that for high? I have, as you will see, resigned the place.

To-day, Dr. Shoemaker called to express his very great regrets at the step, to hear my reasons for taking it, and to learn if there was no way by which things could be adjusted, I could be satisfied and induced to remain. He asked me to write out my objections to the action of the committee, suggest a remedy for what I regarded as its mistakes, and unite with him in the effort to placate the enemies it had made, and in some way adjust the differences which had sprung up, and which threatened to jeopardize the success of the Congress.

I told him that any further action on my part would depend largely on my health. That I expected to open on the subject either in my own

*His son-in-law, Dr. W. O. Roberts,

journal, or in some Eastern journal whenever I was able, etc., etc. That I hoped that matters might at least be so far reconciled as to disarm opposition, though I could not see how it could be carried to the point of regaining the support of the seceders.

Well, I told him much more, and however much Dr. S. may be disliked here, I have nothing to do with that, and however great may be the feeling against him, he is an active, quick, and strong man, and an ugly customer to handle.

I am now out of the Congress. My companions are many, embrace names which represent brains, position, and large influence. I am glad I am out, and, as at present advised, I shall stay out.

I wish now that Dr. W. had published nothing in the papers, or that I hadn't seen it. But I couldn't well have missed seeing it, as I received three marked copies of the Courier-Journal containing it. Having seen it, I felt so sure that the Doctor had done me a great wrong, that I took the pains to learn just how matters in committee stood. The result you now know.

I am your attached friend,

D. W. YANDELL.

Louisville, Ky., August 6, 1885.

Dear Doctor: From your letter of July 4th to Dr. W. O. Roberts, I quote the following:—

"I had a friend see several members of the committee to which Wathen belonged and make inquiries concerning his action at Chicago, with the result of being assured that he was the only member of the committee *who showed himself to be my enemy.* . . . . Assured at W.'s end of the line in the *newspapers* that HE had me appointed. Assured at this end that he was the one man who strove to defeat my REappointment."

Would you please to give me your authority for the above? Very truly yours,

D. W. Yandell, M.D. W. H. WATHEN.

Isles of Shoals, off Portsmouth, N. H.,
August 11, 1885.

Dear Doctor: Yours of the 6th came only to-day. I saw the letter you wrote to Dr. Hays touching your action towards me, and at once asked the gentleman who had told me of your behavior at Chicago, to allow me to give you his name. This he declined to do.

What I wrote to Dr. Roberts about you was written, Doctor, in no spirit of fault-finding, but simply as a chapter of medical history which I desired he should know. I had no grievance, for you are a free agent and entirely capable of managing your own interests.

We understand each other now, perhaps, better than we could have done had you not gone to Chicago, and I am, Very truly, etc.,

D. W. YANDELL.

Louisville, Ky., August 14, 1885.

Dear Doctor: Your letter of the 11th just received. In your letter of July 4th to Dr. Roberts, you place me in the false attitude of having endeavored to defeat your reappointment at the meeting of our Committee in Chicago, and afterward furnishing to the Courier-Journal an item saying that I had you elected. Pardon me, but I must again ask you to give me the names of the several members of the committee who gave the information upon which the above statements are based. Very truly yours,

W. H. WATHEN.

D. W. Yandell, M.D.

Appledore, N. H., August 18, 1885.

Dear Doctor: My authority for one of my statements is to be found in the Courier-Journal, date not remembered, but published soon after your return from Chicago.

My authority for the other I have previously written you, declines to allow me to give his name.

Very respectfully,

D. W. YANDELL.

Louisville, Ky., August 21, 1885.

Dear Doctor: Your evasive answer to my request, in a letter to you dated August 14th, received to-day.

I am sorry that your remarks about me in your letter of July 4th to Dr. Roberts were communicated to others. I suppose you know that I have a copy of that letter.

Your statements concerning my action toward you at the meeting of the Committee of Arrangements in Chicago in June are false, and you will be treated as the author of the same upon your failure to give other authority.

Very respectfully,

D. W. Yandell, M.D. W. H. WATHEN.

Appledore, August 25, 1885.

Dear Sir: I have this day inclosed your communication of the 21st inst. to the gentleman who gave the information concerning your behavior toward me at Chicago, and when his answer comes I will make further reply to you.

Respectfully,

Dr. Wathen. D. W. YANDELL.

Isles of Shoals, N. H., August 30, 1885.

Dear Sir: To save delay, I have this day written to you, care Professor Flint, New York, thinking you'd be in that city by the 3d proximo. Lest, however, you do not reach there, I write now to Louisville to ask in what particulars is my letter to Dr. Roberts false?

Respectfully,

Dr. Wathen. D. W. YANDELL.

Louisville, Ky., September 7, 1885.

Dear Sir: Your letter of August 30th was received yesterday, upon my return from New York City. I did not receive any letter from you while in New York. I saw Professor Flint, Jr., several times, but did not see his father.

Your letter to Dr. Roberts is false in the following particulars:—

1. In saying, that he (Wathen) was the only member of the committee who showed himself to be my enemy.

2. In saying, that he (Wathen) was the one man who strove to defeat my reappointment.

The facts are—

1. There was opposition to your reappointment.

2. I did what I could to have you reappointed.

3. Without my influence you would not have been reappointed.

4. Your reappointment was secured by my earnest appeals to the members of the committee in your behalf.

5. I have positive, written evidence to prove the above.

Respectfully,

D. W. Yandell, M.D. W. H. WATHEN.

Appledore, September 10, 1885.

Dear Sir: Referring to your communication of the 7th instant, it is pertinent to remark, that had you, in the beginning of this correspondence, contented yourself with denying the truth of my statements to Dr. Roberts instead of persistently asking for the authority on which those statements were made, fewer letters would have passed between us, and a much earlier understanding would have been reached.

You must have known that I had authority for what I said. But Eastern men are less ready than men are with us to shoulder what may become an unpleasant responsibility. I have succeeded, however, in getting the consent of the gentleman, who was my informant as to your conduct at Chicago, to give his name, and when I meet him in Philadelphia, next week, I will furnish you with the evidence on which I based my letter to Dr. Roberts. I need hardly remark that in whatever respect that evidence is insufficient to establish the correctness of my statements, I shall at once admit its insufficiency, withdraw what I said, and apologize for the wrong done you. And I shall take pleasure in doing so. For I had much rather think a person my friend than my enemy.

My chief, indeed my only, concern now, in this matter, is to show that I spoke by authority. Anything further than that is not now a question between us. I thanked you once for what you were said in the Courier-Journal to have done for me. I hope I shall never be unmindful of kindnesses done me, no matter by whom.

I shall be, with Dr. Gross, in Philadelphia the greater part of next week, and will send you from there a communication which will exonerate me from the charge of speaking without authority, though my author may have been himself in error.

Very respectfully,

D. W. YANDELL.

W. H. Wathen, M.D.

Philadelphia, Pa., September 18, 1885.

Dear Sir: The gentleman who told me of your behavior at Chicago was Dr. S. W. Gross. He derived his information from Dr. Minis Hays, who was in Chicago with you.

Before Dr. Hays went to Chicago, I had mentioned, incidentally, that I believed you to be my friend. On his return he said to Dr. Gross that he did not consider you my friend, that you had proposed, or at any rate favored, the emptying of the places of all the presidents of sections, and, as I was a section president, he thought that was not a friendly act. This, and more of like tenor, was repeated to me by Dr. Gross. When I expressed surprise at such a report, and added that you claimed to have secured me in the office, I was told that Dr. Hays knew nothing of the kind, and did not believe that you had, in any way, accomplished such a result.

On the strength of this, and, as I remarked, of other things of like tenor, I wrote what I did to Dr. Roberts. Your communication of the 7th instant puts an entirely different face upon the whole matter, and had it, as I have previously written, been given in the beginning of this correspondence, the interchange of letters need have been small. I should have believed that Dr. Hays had misconstrued your acts, and misunderstood your words. He, too, would have believed the same. When I showed him the communication I have referred to, he was evidently pained that he had given currency to impressions which were, by your statement, erroneous, and led me to believe you were my enemy instead, as you claim, my active friend.

I have now this to say, that with your statement before me, and after having shown it to Dr. Hays, I am satisfied that Dr. Hays was mistaken in what he told Dr. Gross, and that, therefore, I am in error in what I wrote to Dr. Roberts, and owe it to you, and to the truth, to say so. I authorize you to at once make known to Dr. Roberts the foregoing, and to ask him for me to make it known to every one to whom he has communicated the contents of my letter, that I was unwittingly led into error in reference to your action toward me at Chicago, and my statements concerning it are erroneous, and therefore gladly withdrawn, and to be hereafter as though they had not been made.

Before bringing this correspondence to a close,

it is due you to say that I am gratified to be able to state that I was led into error, through, I am sure, no desire on the part of either Dr. Hays or Dr. Gross to make mischief between friends. But the source of my special pleasure is to find that I did you a great injustice in allowing myself to believe you were my enemy, when you were my friend; while I remain,

Very respectfully and truly,

D. W. YANDELL.

Louisville, Ky., September 23, 1885.

Dear Sir: By your letter of September 18th, I find that I am asked to believe that you spoke by authority, in your statements about my action toward yourself, and that you have condescended to forget my conduct, and to acknowledge that your informant may have been guilty of a misunderstanding that caused you to commit an error. Now this, on the surface, smacks of magnanimity, but you seem to have become oblivious to the fact that I can neither crave nor receive pardon for an offence which I have not committed. Neither can I accept such an apology any more than I can be induced to believe that ingratitude is the reward of virtue. As you have made your retraction, while using others as a subterfuge, without giving other evidence than a simple assertion, I can give your apology consideration only in the brighter light of acknowledged authority, and defend my own conduct by the same standard.

There must have been some mistake as to the authority for your statements, which is proved by the following ambiguity: In your letter to Dr. Roberts, you say, that "several members of the committee assured your friend, etc.," and now your only authority is what Dr. Hays should have told Dr. Gross. These statements, collectively, show a discrepancy, and when received in the light of the following communication, one would think that Dr. Hays would not have been guilty of double-dealing as your assertions indicate:—

"July 20, 1885.

"W. H. Wathen, M.D.

"*Dear Doctor:* Yours of the 17th instant is just received. Nothing transpired in the committee, within my knowledge, to justify the statement that you had opposed Dr. Yandell's election at Chicago. "Yours very truly,

I. MINIS HAYS."

In conclusion, I regret to say, that in the absence of acknowledged authority for your unkind accusations, I have no further time to devote to this correspondence, and I shall bring it to a close with the unpleasant reflection that my labors on behalf of my townsman have been rewarded by ingratitude. Respectfully, etc.

D. W. Yandell, M.D. W. H. WATHEN.

Chestnut Street, September 28, 1885.

Dear Sir: I feel that the language of my communication from Philadelphia, legitimately conveys no such meaning as that you have given it, and that you have misconstrued both its intent and spirit.

The purpose of that letter was to give you the authority on which I had made certain statements concerning yourself, to withdraw "and leave as though never said" everything which you said was incorrect. Its spirit was friendly. I regret that you have chosen to read it in a different way. Very respectfully,

D. W. YANDELL.

Louisville, Ky., September 29, 1885.

Dear Sir: When I received your letter this morning, I expected to find the authority for your "accusations," but I regret to say, that I feel quite keenly the disappointment, and I am compelled to reiterate the statements in my last letter, as they are made by authority, which does away with your "misconstruction" idea.

Either furnish me authority for your accusations, or come down to facts and acknowledge that you yourself have been my traducer. Unless you do this it is useless to protract this correspondence. Respectfully, etc.

D. W. Yandell, M.D. W. H. WATHEN.

Washington, D. C., July 8, 1885.

Dear Dr. Wathen: Your note is at hand. I remember that you worked for Dr. Yandell's retention as chairman of the Section on Surgery, although there were others who thought it would have been better to have selected some of our more widely known surgical writers.

Your efforts in the case were successful, and I am surprised that any one should imagine you had opposed Dr. Yandell, when the contrary was the fact. Very truly, your friend,

JOHN B. HAMILTON.

Dr. W. H. Wathen, Louisville, Ky.

New York, July 9, 1885.

Dear Doctor Wathen: I regret to learn that Dr. Yandell should have declined the appointment of chairman of the Section on Surgery of the International Medical Congress, and remember very distinctly your efforts in his behalf and for representatives from your State. I seconded your nomination of Dr. Yandell, and believe that he is indebted to you for his reappointment.

Yours very respectfully,

J. W. S. GOULEY.

Cleveland, Ohio, July 13, 1885.

My Dear Doctor: In answer to your esteemed favor of yesterday, in regard to the action of the Sub-Committee of Arrangements, at its recent

meeting in Chicago, Ills., the facts are: When we came to the Section on Surgery, one member (not yourself) objected to Dr. Yandell's retention as chairman of this section, as this member did not consider him sufficiently a representative man for so prominent a section, and believed that we had other surgeons in this country so much more eminent, and whose abilities entitled them more than Dr. Yandell's to the position. It was only at your earnest personal request that this objection was withdrawn, and his name allowed to be presented to the General Committee for confirmation. I know that this member of the committee who made the objection, now feels that since Dr. Yandell has shown *his cloven* foot so beautifully in conjunction with the Philadelphia immaculates, that it was a great mistake to have retained him, and, that if it were to do over again, neither your entreaties nor persuasion would have kept him in the place. I do not believe any member of the Sub- or General Committee of Arrangements ever said that you personally opposed Dr. Yandell at the meetings of either committee, or at any time in or out of the committee meetings, *for it is an untruth—it is a falsehood!*

You are at liberty to use this letter as you deem best. Yours fraternally,

X. C. Scott,

Chairman Sub-Committee of Arrangements at Chicago meeting.

To Wm. H. Wathen, M.D., Louisville, Ky.

Helena, Ark., July 14, 1885.

W. H. Wathen, M.D.

Dear Doctor: I am greatly astonished at Dr. Yandell. You will remember that there was strong opposition to him in the whole committee, and that the opposition followed him into the Committee of Revision, and but for the determined stand you and I took in his behalf, he would have been mercilessly *fired out.* You recollect our conversation in the rotunda at the Palmer House, where we discussed this opposition to him. I remarked that now was the time for you to exhibit your magnanimity. That since Yandell had not been friendly to your interests, and, as you now represented the profession of Kentucky on the committee, he being a man of mark in his profession both in Europe and America, that I thought you would be acting nobly to sustain him as president of the Section on Surgery, a place that had been assigned him by the defunct committee. And that when we arrived at that part of the work of revision I would stand by you in defending and retaining him in that position. When we did come to it our united and persistent defence saved him. Can it be possible that Yandell is ignorant of this fact? He must be, or he would not have joined with those malcontents in Philadelphia in denouncing the action of our committee, whose proceedings were not made up at the time of his action, and of which action he must have been in total ignorance; unless, as was claimed by some of the committee, that he was not sound on the Code.

I must express my astonishment at his action, as I have always entertained for him a very high opinion, both professionally and morally.

Very truly yours,

D. A. Linthicum.

Philadelphia, Pa., July 14, 1885.

My Dear Doctor: I have no hesitation in saying that Dr. David Yandell, of your city, owed his appointment or reappointment directly to you.

In the Sub-Committee, as well as in the General Committee, we directly understood that each member was responsible for each appointment from his State.

Before the meeting of the committee I know you were personally active to secure Dr. David Yandell's reappointment. I am also quite certain that in a conversation with Dr. Yandell, I also stated how enthusiastic you were in his behalf. Yours sincerely,

Jno. V. Shoemaker.

West Randolph, Vt., July 15, 1885.

My Dear Dr. Wathen: Yours of the 12th received this morning. I must express my surprise at what you report Dr. Yandell as saying. I do not know but some member of the committee made such an assertion, but very much doubt it. I am quite sure no one of the Sub-Committee of Nine would say that, for I well recollect the objections of . . . . and the pertinacity and tact you used in urging Dr. Yandell for the position. It was through you that he obtained the position, and I do not believe that any other member of the Sub-Committee could have carried his appointment, and for quite a time I thought you would fail. I feel very confident in saying that to you personally and alone Dr. Yandell owes his appointment, as I do not think but for yourself his name would have been brought before the committee in connection with the position.

Would like to know if you are able to convince Dr. Y. of your interest in him.

Fraternally and sincerely yours,

E. F. Upham.

Washington, D. C., July 19, 1885.

Dear Doctor: Your note of the 17th is received. I have no knowledge of your having opposed Dr. Yandell. As I remember it, you spoke to me about it on the first day, expressing doubts as to whether his reëlection would be sat-

isfactory to the majority of Louisville physicians. Subsequently, you told me that you should support him, and asked me to do the same. When it came to voting, no one voted against him, so far as I remember. Very truly yours,

J. S. BILLINGS.

Dr. W. H. Wathen.

San Francisco, July 20, 1885.

My Dear Wathen: Yours of July 6th came duly to hand, and contents noted.

What Yandell means I am at a loss to conjecture. I know that he was by no means the popular man he supposed himself to be for the place, and think he should feel himself under obligations to his friends for placing him where he tacitly desired himself. In haste,

Yours fraternally,

R. BEVERLY COLE.

Philadelphia, July 20, 1885.

W. H. Wathen, M.D.

Dear Doctor: Yours of the 17th instant is just received. Nothing transpired in the committee, within my knowledge, to justify the statement that you had opposed Dr. Yandell's election at Chicago. Yours very truly,

I. MINIS HAYS.

Austin, Texas, July 26, 1885.

Dear Doctor: I was called out of our committee-room before we reached the Section on Surgery, and was not present when it was revised. If you had opposed the retention of Dr. Yandell's name as its chairman, your wishes, as the representative of Kentucky, would have caused his decapitation. As matters have turned out, I regret that you failed to do this, since Dr. Yandell has joined hands with the medical communists, in an effort to destroy the Code of the American Medical Association, and open the doors to all pathies and isms. I have no sympathy for him, and none is felt for him by the profession of Texas. With best wishes for you personally, and for the success of the Congress, I remain, Very truly, your friend,

J. W. MCLAUGHLIN.

Washington, D. C., August 2, 1885.

My Dear Doctor: Absence from home, at the seashore, will explain to you my delay in replying to your letter. I now do so to say that I well recollect what occurred touching Dr. Yandell's position on the programme. It was suggested that some more prominent man might be placed in the position which had been assigned to him. You very promptly and emphatically objected to his being touched, alleging that your relations with him might furnish ground for charging you with such removal.

I dictate this note to you from a sick-bed, and hope you will, therefore, excuse brevity.

Very respectfully yours,

A. Y. P. GARNETT.

Memphis, August 12, 1885.

Wm. H. Wathen, M.D.

My Dear Doctor: Your favor of the 5th instant came duly to hand. Replying, I would say, that I do not remember to have heard you mention the name of Dr. D. W. Yandell, while in Chicago or elsewhere. I am confident you did not oppose him, in any way, in my presence.

Yours most cordially,

F. L. SIM.

Louisville, Ky., October 5, 1885.

My Dear Doctor Hays: Some letters have passed between Dr. D. W. Yandell and myself, touching my conduct toward him in the committee meeting in Chicago, and since he has given *you* as the source of his information, I take the liberty of inclosing so much of the correspondence as relates to yourself, in order that you may have a full knowledge of what has transpired before the publication of the same.

I need hardly say to you that I have, from members of the committee, abundant written proof in support of my veracity.

Of course, I have no concern about Dr. Yandell's attempt to injure me here in my native State, where both of us are known, and I wish to place myself only in the proper light before professional gentlemen, in other parts of the country, where his poisonous arrows may have fallen. If you have any further statement to make, please give it your attention at the earliest possible moment. I have the honor to remain, with much esteem, Yours very truly,

W. H. WATHEN.

I. Minis Hays, M.D., Philadelphia.

Philadelphia, October 7, 1885.

My Dear Doctor Wathen: Yours of the 5th instant just received, and I greatly regret that a casual remark of mine should have unintentionally reached Dr. Yandell's ears, and have led him to put an interpretation upon your actions which it did not justify.

Before I went to the Chicago meeting, Dr. Yandell, in conversation with Dr. Gross and me, told us that just before he left home, and while yet confined to his bed, he had had a "friendly visit" from you, during which you had freely discussed what had been done at New Orleans, in reference to the Congress, and the then existing outlook, and that you could be relied upon as not being in sympathy with the radical leaders on the committee. Now, from the part that you took at Chicago, I came to the conclusion that

you were fully in sympathy, and in active coöperation with them; and in speaking to Dr. Gross, of what had been done at this meeting, I said that Dr. Yandell had misjudged the course you would pursue, and it did not appear that you were the "friend" that his conversation with us seemed to imply.

I have no knowledge of your having voted against Dr. Yandell's reappointment at Chicago, and, in reply to his inquiry on this point, so stated to him.

I strongly disapprove of drawing the attention of the public to matters which are purely personal, yet if you adhere to your intention of publishing your correspondence with Dr. Yandell, I must request you to include your note to me and this reply, so that the manner in which my name has been drawn into this controversy may not be misconstrued. Very truly yours,

I. MINIS HAYS.

"Full many a flower is born to blush unseen,
And waste it's sweetness on the desert air."

MEDICAL NEWS AND MISCELLANY.

DR. G. BETTON MASSEY has removed to 1706 Walnut Street.

THE ALABAMA STATE MEDICAL ASSOCIATION will meet in Anniston on April 13th.

THE GEORGIA STATE MEDICAL ASSOCIATION will meet in Augusta on April 21st, 22d, and 23d.

DR. E. A. NEELY has been appointed Associate Editor of the Mississippi Valley Medical Monthly.

DR. GASPAR GRISWOLD, one of the most promnent young physicians of New York, died at his home in that city on March 4th.

DR. E. T. WELLS has been appointed to the Chair of Materia Medica in the College of Physicians and Surgeons, of Chicago, Ills.

DR. D. D. MARR (Chicago Medical Journal and Examiner) considers chloral hydrate to be the most reliable agent in the treatment of the vomiting of pregnancy.

DR. J. S. JEWELL, of Chicago, has been appointed editor of the Neurological Review, a new journal published by Rand, McNally & Co. The first number will be issued in May.

THE DAKOTA MEDICAL BRIEF is a new journal which will be published at Mitchell, Dakota. It is to be issued monthly, and edited by F. Andros, A.M., M.D., and H. S. Sevey, M.D.

LANOLIN.—Lanolin, the new ointment basis introduced by Liebrich, of Berlin, is obtained from sheep's wool and other keratin-holding tissues. It is in fact the natural fat of the epidermis and its appendages. It readily absorbs its own weight of water, and is, in turn, readily absorbed by the skin.

THE OHIO SANITARY ASSOCIATION has elected the following officers for the ensuing year: President, Dr. S. H. Herrick, Cleveland; Vice-Presidents, Professor E. T. Nelson, Ph.D., Delaware; Dr. W. H. Phillips, Kenton; Dr. C. T. Langdon, Westerville; Secretary, Dr. R. Harvey Reed, Mansfield; Treasurer, Professor John Simpson, Ph.D., Mansfield.

AMERICAN MEDICAL EDITORS.—The meeting of American medical editors for 1886 will occur in St. Louis on Monday, May 3d, the day preceding the meeting of the American Medical Association. The following are the present officers: Dr. H. O. Walker, President; Dr. F. L. Sim, Vice-President, and Dr. F. E. Daniel, Secretary.

BUFFALO MEDICAL COLLEGE.—The following new chairs have been created, and professors elected: Dr. H. R. Hopkins, Professor of Nervous Diseases; Dr. Bernard Bartow, Clinical Professor of Orthopædic Surgery; Dr. F. W. Hinkel, Clinical Professor of Laryngology; Dr. F. P. Vandenburgh, Adjunct Professor of Chemistry. The vacancies in the Board of Curators have been filled by the appointment of Dr. G. C. Clark, of Niagara Falls, and Dr. E. C. W. O'Brien, of Buffalo.

RAGWEED AS A HÆMOSTATIC.—Dr. J. H. Hill (Transactions of the Medical Society of North Carolina) extols the virtues of ragweed (*Ambrosia artemisiæfolia*) as a hæmostatic. One of the cases he reports was an aggravated case of hæmophilia, in which blood oozed from the nostrils, gums, and urethra. The patient, a child six years of age, had been bleeding for several days, and the usual remedies had been employed without effect. Dr. Hill then administered an infusion of ragweed and the hemorrhage promptly ceased.

VINEGAR AND SALT FOR DIARRHŒA.—Dr. Amos Sawyer, St. Louis Medical and Surgical Journal, January, 1885, states that the late Dr. B. F. Edwards had told him that for forty years he had used in the treatment of diarrhœa and dysentery a remedy which he had found in use in domestic practice. This was simply pure cider vinegar in tablespoonful doses, with a little common salt added to it. The remedy is one that has been employed by others with equal satisfaction. Probably the antiseptic action of the combination is the secret of its efficiency, although some would suggest that it may simply aid digestion. Simple as the remedy is, it is worth remembering.—*American Lancet.*

ORGANIZATION OF THE INTERNATIONAL MEDICAL CONGRESS.—From the Chairman of the Executive Committee we learn that the organization of the International Medical Congress is nearly complete. More than three hundred of the representative physicians in all parts of the country have now signified their acceptance of nominations in the several Sections, and declared their willingness to do all in their power to make the Congress successful. We are glad to hear that the Secretary-General, Dr. Davis, is regaining his health, and has not abated his enthusiasm for his task. He expects to be able to present a very favorable report to the St. Louis meeting of the American Medical Association.—*Philadelphia Medical Times.*

TO THE DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.—The rates given to the delegates to the American Medical Association meeting, May 4th, in St. Louis, have been fixed by the different railroad companies of the country at one and one-third fares for the round trip. Delegates must pay full fare coming, and will receive, on application from the agent at the starting-point a certificate, which, when signed by the Chairman of the Local Committee of Arrangements, will entitle them to the reduced return-rate.

No reduced return ticket will be issued unless the purchaser can show a certificate issued by the agent from whom he purchased the going ticket, and signed by the Chairman of the Committee of Arrangements.

LE GRAND ATWOOD
Chairman Committee of Arrangements.

THE INTERNATIONAL CONGRESS.—Once more we are compelled to take the Medical Record to task for the inaccuracy of its statements. In its issue of March 6th, we read:—

"The prevailing feeling here regarding the Congress now is one of profound apathy and indifference. The news from abroad is equally discouraging. Almost the only smiling face is published at Chicago weekly. We hope for better news after the St. Louis meeting."

If the editor of the Record was a thick-headed Gothamite, we might believe that this wilful attempt, weak though it is, to injure the Congress, was the result of stupidity; but as we believe him to be a progressive American, we can only characterize it as a lame effort to say something in the direction which his journal has pursued. Now for the truth: there is a certain amount of "profound apathy and indifference" among those few who *would* but *could not rule*, while among the very great mass of the profession there is a lively interest in the coming Congress, and a determination to make it a success. The committee is at work, and all preliminary preparations are being satisfactorily made.—*The Medical and Surgical Reporter.*

THE INTERNATIONAL MEDICAL CONGRESS.—We would call the attention of our readers to the letter, published in another part of this issue, which was written to the Editor of the College and Clinical Record. It is the recital of the scene enacted by the Philadelphia County Medical Society, under the management of the seceders of the International. It will bring the blush of shame upon all who hold the honor and dignity of the profession at heart. It was simply outrageous, and the storm of indignation it has created throughout the country will make the conspirators feel, as they have never felt before, that the honor and reputation of the profession of the United States is not contained in the cities of Philadelphia, New York, and Boston, but is as broad as the whole land, and that the profession at large are exceedingly jealous of their reputation as gentlemen. Under these circumstances, the tactics, which have been slowly unfolding since the meeting of the American Medical Association in New Orleans, showing them to be those of abuse, vituperation, and misrepresentation, till the meeting of the Philadelphia Medical Society, when all the tricks of the ward politician were brought into play, there can be no such thing as reconciliation. Complete surrender the deserters must make or they cannot attend the Congress. This attempt to capture the American Medical Association would be laughable were it not for the methods. The meeting at St. Louis will be largely composed of men from the West. Do the seceders think for a moment that the men whom they insulted by giving all or nearly all the appointments of the Original Committee to men from Philadelphia, New York, and Boston, can forget the slight? We have too high an opinion of the stuff that Western doctors are made of to entertain for a moment such a suspicion.

When these men, these disruptionists, these men, who from the first moment of their appointment on the Committee of Nine, down to date, seem to have lost all sense of justice and the instincts which ordinarily control gentlemen: when, we say, they come back, it must be on the basis now existing, viz., under the arrangements made by the Enlarged Committee, and no other.—*New England Medical Monthly.*

INTERNATIONAL MEDICAL CONGRESS OF 1887. PROGRESS OF ORGANIZATION.—The statement in some recent medical journals to the effect that the progress of organization for the International Medical Congress of 1887 "seemed to have come to a standstill," is by no means correct, as the following facts will show:—

Soon after the final meeting of the General Committee on Organization appointed by the American Medical Association in September last, at which the said Committee adopted entirely

satisfactory Rules for the Congress, selected the general officers, and chief officers of the several Sections, thereby developing under their Rule Ten an independent Executive Committee of the Congress, authorized to take charge of the entire interests and further management of the organization, the said Executive Committee held a full meeting in November and organized for their work. The President and Secretary-General were instructed to issue a preliminary circular giving the general officers selected and the Executive Committee, together with the Rules in English, French, and German, and distribute the same both in Europe and America. At the same meeting sub-committees were appointed on all the more important items of unfinished business, to report at another meeting of the Executive Committee to be held in a few weeks from this time. These sub-committees have been quietly but diligently prosecuting their work so successfully that at the next Executive Committee meeting there will be neither difficulty nor delay in filling all vacancies needed to make the preliminary organization of the Congress complete, and be ready to proceed directly with the preparation of the details for the final programme for the work of every department of the Congress. The local committee of reception and arrangements at Washington, with Dr. A. Y. P. Garnett for Chairman, has increased its members to fifty, acting in harmony, and, for more efficiency in execution, divided into seven sub-committees, each with its allotted part of the work to be done.

This is a guarantee that every possible arrangement will be made for the interests and comfort of those who may attend the Congress from any part of the world, and that active efforts will be made to secure the lowest rates of travel on ocean steamers and railroads for those coming from other countries, and in regard to which timely notice will be given. With the aid of the Associate Secretary-General in New York the circulars announcing the Preliminary Organization and Rules of the Congress were freely distributed in foreign countries, and its reception was immediately followed by cordial responses, which have continued to be received almost daily at the office of the Secretary-General from many of the countries of Europe, more especially from Great Britain, France, Germany, and Austria, giving assurances of personal attendance, promising communications for certain Sections, and asking for further information. Instead, therefore, of a "standstill," the work of preparation for the Congress of 1887 is progressing rapidly and successfully towards completion. We have deemed it proper to make the foregoing statement to prevent misapprehensions, and for the general information of the medical profession at home and abroad.—*Journal of American Med. Association.*

AMERICAN MEDICAL ASSOCIATION.—The Thirty-seventh Annual Session will be held in St. Louis, Mo., on Tuesday, Wednesday, Thursday, and Friday, May 4th, 5th, 6th and 7th, commencing on Tuesday at 11 A.M.

The delegates shall receive their appointment from the permanently organized State Medical Societies and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number; Provided, however, that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the association.

Secretaries of Medical Societies, as above designated, are earnestly requested to forward at once lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries are, by special resolution, requested to send to him, annually, a corrected list of the membership of their respective societies.

SECTIONS.

"The Chairman of the several Sections shall prepare and read, in the general sessions of the association, papers on the advances and discoveries of the past year in the branches of science included in their respective sections. . . . ."—By-Laws, Article II., Section 4.

Practice of Medicine, Materia Medica, and Physiology.—Dr. J. T. Whittaker, Cincinnati, Ohio, Chairman; Dr. B. L. Coleman, Lexington, Ky., Secretary.

Obstetrics and Diseases of Women and Children.—Dr. S. C. Gordon, Portland, Me., Chairman; Dr. J. F. Y. Paine, Galveston, Texas, Secretary.

Surgery and Anatomy.—Dr. Nicholas Senn, Milwaukee, Wis., Chairman; Dr. H. H. Mudd, St. Louis, Mo., Secretary.

State Medicine.—Dr. John H. Rauch, Springfield, Ill., Chairman; Dr. F. E. Daniel, Austin, Texas, Secretary.

Opthalmology, Otology, Laryngology.—Dr. Eugene Smith, Detroit, Mich, Chairman; Dr. J. F. Fulton, St. Paul, Minn., Secretary.

Diseases of Children.—Dr. W. D. Haggard, Nashville, Tenn., Chairman; Dr. W. B. Lawrence, Batesville, Ark., Secretary.

Oral and Dental Surgery.—Dr. John S. Mar-

shall, Chicago, Ill., Chairman; Dr. A. E. Baldwin, Chicago, Ill., Secretary.

A member desiring to read a paper before a section should forward the paper, or its title and length (not to exceed twenty minutes in reading), to the Chairman of the Committee of Arrangements, at least one month before the meeting.—*By-Laws.*

Committee of Arrangements.—Dr. Le Grand Atwood, St. Louis, Missouri, Chairman.

AMENDMENTS TO BY-LAWS.

By Dr. Foster Pratt, Mich.—Each section shall nominate its Chairman and Secretary—all other nominations to be made, as now, by the Nominating Committee.

By Dr. I. N. Quimby, N. J.—Create a new section, to be known as the Section on Medical Jurisprudence.

WM. B. ATKINSON, M.D.,
Permanent Secretary.
1400 Pine Street, S. W. cor Broad, Philadelphia.

BOOK REVIEWS.

Ringworm; its Diagnosis and Treatment. By ALDER SMITH, M.B., Lond., F.R.C.S., Resident Medical Officer Christ's Hospital, London. Third edition, revised, and in part re-written. With illustrations. London: H. K. Lewis, 136 Gower Street, W. C., 1885.

It is no small praise to say that never within our recollection has there been a treatise published on this particular disease replete with so much valuable information and instruction as is contained in the little volume before us. An experience of ten years in the diagnosis and treatment of ringworm, particularly of chronic and inveterate cases, enables our author to give as the result of more than ordinary opportunity, "some useful and thoroughly practical hints on the subject, especially as to the production of *kerion*, the inflammatory form of the affection, and Nature's method of effecting a cure." The book contains twelve chapters, prescriptions, and an index, also five beautiful descriptive plates, and numbers 228 pages. The work opens with a few introductory remarks, and then gives a brief but very interesting history of ringworm, which is well worth reading, followed by a reference to the latest experiments on the life history of the fungus, and then proceeds in each succeeding chapter to describe the different varieties of the disease, and the mode of treatment.

The profession generally, and more especially those of it who have made this branch a specialty, are certainly highly indebted to Dr. Smith for this timely production. Especially do we recommend it to the young practitioner as a book of handy reference, to be kept within easy reach, for, even with our large experience, both in hospital and private practice, it has proved of great usefulness. It having already reached three editions in Great Britain, stamps the approval of its merits with our foreign brethren of the profession, and there is no reason why it should not be as equally acceptable in this country. It is handsomely printed, in clear, legible type, and presents an attractive appearance.

Elements of Pharmacy, Materia Medica, and Therapeutics. By WILLIAM WHITLA, M.D., Physician to the Royal Belfast Hospital; Consulting Physician to the Ulster Hospital for Diseases of Women and Children. With lithographs and woodcuts. Third edition. London: Henry Renshaw, 1885.

To give our readers an idea of the scope of this work is best done by saying that it is divided into six parts. Part I., treating of Pharmacy; Part II., the Administration of Medicines; Part III., Materia Medica; Part IV., Therapeutics; Part V., Non-official Remedies; Part VI., Chemical Reactions. To do full justice to the author and his book would require the ample pages of a quarterly, so we will have to rest ourselves with a most emphatic indorsement of its valuable contents. We speak from personal experience, as we have referred to it again and again, in the short time that it has been in our possession, for information, and found it presented in a concise and accurate manner, so much so that it is no marvel that it has already reached three editions, and when we think of the critical test of a British medical reading public it tells very highly of its appreciation. Dr. Whitla's prominence as a physician of high attainments is well known, and the production of this volume proves that he possesses literary talent, combined with patient research, that should not rest content with what he has already done, but continue to aid the profession with his invaluable suggestions. In studying the different parts the reader will be surprised at the lucidness and learning displayed, and how every detail is brought up to the latest discoveries in the different branches of medical science. We would also call attention to the beautiful cuts illustrating the part devoted to Pharmacy. They are of the highest order. There are also a general index and an index of poisons, both of which are of value. The typography and binding are all that can be desired, and give a handsome appearance to a welcome acquisition of the library.

NEW PUBLICATIONS RECEIVED.

On the Treatment of Lupus by Parasiticides, by James C. White, M.D. Reprint from Boston Medical and Surgical Journal.

Hydrocele of the Hernial Sac, by Thomas E. McArdle, A.M., M.D., Washington, D. C., and Louis Kolopinski, M.D., Washington, D. C. Reprint from the Medical News.

Angioma Pigmentosium et Atrophicium, by Jas. C. White, M.D. Reprint from Journal of Cutaneous and Vinereal Diseases.

Essentials of the Physical Diagnosis of Thoracic Diseases, by E. Darwin Hudson, Jr., A.M., M.D., New York.

COMMERCIAL NEWS.

Notice of Removal.

Dr. T. Gaillard Thomas has removed from No. 294 Fifth Avenue, New York, to No. 600 Madison Avenue, between Fifty-seventh and Fifty-eighth Streets.

Resident Physician Wanted at the Buffalo Lithia Springs, Mecklenburg, Co., Va. This sanitarium will be kept open hereafter the entire year. For particulars apply to office of the company, 33 Barclay Street, New York.

For Sale.

Practice ($2000) and complete outfit, consisting of a small stock of drugs, horse and buggy, office furniture, and good-will, in a Southern Illinois railroad town. No competition. Want to move to city. Address, "Doctor," care of The Medical Bulletin.

A New Pepsin.

After more than two years experimentation, involving much expense and many disappointments, William F. Kidder & Co., of New York City, have succeeded in perfecting a non-hydroscopic pepsin, which they are about to place on the market under the name of Kidder's Crust Pepsin.

With our later knowledge of pepsin, obtained by chemical experimentation and clinical experience, many new channels of usefulness have been opened for it—not the least of which is its power to dissolve diphtheritic membrane—hence, any new preparation of pepsin that is an improvement over the several valuable preparations already on the market, must, of necessity, be received by the medical profession with considerable pleasure.

The real value of any brand is proportionate to its digestive powers, and we learn from most reliable sources that this new brand, by the egg-albumen test, shows more than twice the digestive power of any of the pepsins now on the market. It is palatable, because of its not decomposing in any atmosphere, is free from sugar of milk, salt, or peptones. One part of it dissolves 1200 to 1500 parts of coagulated egg-albumen. A prominent New York chemist says of it: "In my hands it has proved the most active ferment I have ever tested, one grain easily dissolving 1000 grains of egg-albumen; it moreover shows a uniformity of strength not found in the commercial article."

The chemist of the Brooklyn Board of Health tested it by the beef process, and finds that it digests more than double the quantity of any other pepsin in the market.

To make the saccharated pepsin of the United States Pharmacopœia, it requires only one grain of this crust pepsin to nineteen grains of sugar of milk—this being only about one sixth as much as was formerly required—and, since the price of this new and potent ferment is to be the same as other good brands, it will be in the physician's hands a remedy, practically six times as cheap as any other similar remedy. We bespeak for this article an enthusiastic reception by the medical profession.

Stiger's Phosphated Coca-Malta.

"No. 391 Dean Street,
"Brooklyn, March 26, 1886.

"Mutual Chemical Co.

"*Gentlemen*:—I have to say for the preparation that it far exceeds anything heretofore presented to me. I have experienced the best results from your combination in the many suitable cases that have presented themselves, and I feel a greater confidence in recommending its use now, as I have experienced great disappointment in the many preparations of coca that have been highly extolled. I remain

"Yours respectfully,
"John J. G. Cary."

"No. 359 W. Fifteenth Street,
"New York, April 7, 1886.

"My short experience in using the Phosphated Coca-Malta has taught me that it does all the manufacturers claim for it.

"G. Frauenstein, M.D.

"*To the Mutual Chemical Co., New York City.*"

Buffalo Lithia Water.

Dr. William T. Howard, of Baltimore, Professor of Diseases of Women and Children in the University of Maryland, attests the common adaptation of this Water in "a wide range of cases," with that of the far-famed White Sulphur Springs, in Greenbrier County, West Virginia, and adds the following:—

"Indeed, in a certain class of cases, it is much superior to the latter. I allude to the abiding debility attendant upon the tardy convalescence from grave acute diseases; and more especially to the Cachexia and Sequels incident to Malarious Fevers, in all their grades and varieties, to certain forms of Atonic Dyspepsia, and *all* the Affections Peculiar to Women, that are remediable at all by mineral waters. In short, were I called upon to state from what mineral waters I have seen the greatest and most unmistakable amount of good accrue in the largest number of cases in a general way, I would unhesitatingly say the Buffalo Springs, in Mecklenburg County, Virginia."